Long-term outcomes of surgical management in neuroectodermal subtypes of Chiari malformation
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Objective:
Chiari malformations (CMs) are a heterogeneous group of disorders defined by anatomic anomalies of the cerebellum, brainstem, and craniovertebral junction (CVJ). The aims of this study are to establish the demographic and clinical features, incidence, surgical procedures, and outcomes in large series of CMs, to determine whether CM-0 is a subgroup of CM, Chiari 1 and 1.5 are different pathologies

Material and Methods:
All patients were evaluated and operated on for CM between 1985 and 2016. The patients were grouped into various subtypes. Demographic data, additional diseases, clinical features, surgical procedures, complications and outcomes were recorded.

Results:
55 patients who underwent various surgical procedures were evaluated. Their mean age was 0.72±1.17. We detected 26 cases of CM-2 (47.3%), 16 cases of CM-3 (29.1%) and 13 cases of CM-4(23.6%). When Chiari subtypes were compared, there were statistically significant differences in additional diseases, symptom duration, neuroexamination, complication rate and hospital stay.

Conclusion:
The long hospital stay, the presence of SM and short symptom duration are associated with worse outcomes. The dura repair is the most important stage of surgery. Dural tear (CSF fistula) increases the complication rate and mean hospital stay and also causes worse outcome. Therefore, the surgeon should spend more time for dura repair.