

Endoscope-assisted supraorbital approach

- Exoscopic Supraorbital Keyhole Approach for Skull Base Lesions: An Institutional Experience
- Endoscope-assisted supraorbital approach for excision of tuberculum sella meningioma: Technical nuances
- Fully Endoscopic Supraorbital Approach for Anterior Cranial Base Meningiomas
- Applications of supraorbital keyhole craniotomy in pediatric cranial trauma: illustrative series of two cases and systematic literature review
- Endonasal, supraorbital, and transorbital approaches: minimal access endoscope-assisted surgical approaches for meningiomas in the anterior and middle cranial fossae
- Comparison of supraorbital keyhole approach and extended transsphenoidal approach in endoscopic surgery for tuberculum sellae meningioma: A case series
- Trans-eyebrow supraorbital endoscope-assisted keyhole approach to suprasellar meningioma in pediatric patient: case report and literature review
- Critical appraisal of minimally invasive keyhole surgery for intracranial meningioma in a large case series

The [endoscopic-assisted supraorbital approach](#) (eSOA) constitutes a [minimally invasive strategy](#) for [anterior skull base meningioma surgerys](#) (ASBM).

Serrano Sponton et al. present the largest [retrospective](#) single-institution and long-term follow-up study of eSOA for ASBM resection, providing further insight regarding indication, surgical considerations, complications, and outcome. They evaluated data of 176 patients operated on ASBM via the eSOA over 22 years.

Sixty-five [tuberculum sellae meningioma](#) (TS), 36 [anterior clinoid meningioma](#) (AC), 28 [olfactory groove meningioma](#) (OG), 27 [planum sphenoidale meningioma](#), 11 [lesser sphenoid wing meningioma](#), seven [optic nerve sheath meningioma](#), and two lateral orbital roof meningiomas were assessed. Median surgery duration was 3.35 ± 1.42 hours, being significantly longer for OG and AC meningiomas ($p < 0.05$). Complete resection was achieved in 91%. Complications included hyposmia (7.4%), supraorbital hypoesthesia (5.1%), cerebrospinal fluid fistula (5%), orbicularis oculi paresis (2.8%), visual disturbances (2.2%), meningitis (1.7%) and hematoma and wound infection (1.1%). One patient died due to intraoperative carotid injury, and another due to pulmonary embolism. Median follow-up was 4.8 years with a tumor recurrence rate of 10.8%. A second surgery was chosen in 12 cases (10 via the previous SOA and two via the [pterional approach](#)), whereas two patients received radiotherapy and in five patients a wait-and-see strategy was adopted. Conclusion The eSOA represents an effective option for ASBM resection, enabling high complete resection rates and long-term disease control. Neuroendoscopy is fundamental for improving tumor resection while reducing brain and optic nerve retraction. Potential limitations and prolonged surgical duration may arise from the small craniotomy and reduced maneuverability, especially for large or strongly adherent lesions ¹⁾.

¹⁾

Serrano Sponton L, Oehlschlaegel F, Nimer A, Schwandt E, Glaser M, Archavlis E, Conrad J, Kantelhardt S, Ayyad A. The Endoscopic-Assisted Supraorbital Approach for Resection of Anterior Skull Base Meningiomas: A Large Single-Center Retrospective Surgical Study. J Neurol Surg B Skull Base. 2022 Jun 29;84(4):349-360. doi: 10.1055/s-0042-1751000. PMID: 37405235; PMCID: PMC10317572.

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