

Endoscopic skull base surgery

- Partial Middle Turbinate Resection Versus Preservation on Olfactory Function: A Systematic Review and Meta-Analysis
- The carotidoclinoidal ligament in endoscopic endonasal transcavernous surgery: anatomical variations, operative techniques, and case series
- Patterns of invasion of the medial wall of the cavernous sinus by pituitary adenomas
- Neuroendoscopy and Postoperative Nausea and Vomiting: Pathophysiology, Incidence and Management Strategies
- Outcomes of the Transsphenoidal Approach for ACTH-Secreting Pituitary Tumours and the Role of Postoperative ACTH in Predicting the Late Recurrence of Cushing's Disease: A Retrospective Analysis of 50 Cases
- Anatomical basis of the elongated nasoseptal flap
- Mixed reality holographic navigation for intracranial lesions using HoloLens 2: A pilot study and literature review
- Simulating Endonasal Endoscopic Skull Base Surgery on Animal Carcasses: A Prospective Observational Study

First World Congress of [Endoscopic Skull Base Surgery](#) held in [2005](#) in [Pittsburgh, Pennsylvania](#)¹⁾.

see [Endoscopic endonasal skull base surgery](#).

Complications

[Endoscopic skull base surgery complications](#)

Major vascular structures are always at risk during complex [skull base surgery](#), particularly with use of the [endoscopic endonasal approach](#), and intraoperative damage of the [internal carotid artery](#) (ICA) can be a devastating [complication](#).

Arraez et al. from the Department of Neurosurgery, [Malaga University Hospital](#) report a case of a young patient who had a major [injury](#) of the left ICA during endoscopic [resection](#) of a recurrent petrous bone [chordoma](#). Massive [bleeding](#) was controlled by a [Foley balloon](#) inserted and kept in the resection area. Urgent [angiography](#) revealed a persistent leak from the petrous segment of the left ICA, and the vessel was sacrificed with [coiling](#), since a balloon occlusion test showed good collateral [blood flow](#). The patient woke up from [anesthesia](#) without a neurological deficit. Salvage resection of recurrent skull base neoplasms deserves specific attention because of the possibility of major vascular damage. In cases of intraoperative ICA injury, its management requires immediate decisions, and the available possibilities for [endovascular therapy](#) should always be considered²⁾.

Training

[Endoscopic skull base surgery training.](#)

1)

Doglietto F, Prevedello DM, Jane JA Jr, Han J, Laws ER Jr. Brief history of endoscopic transsphenoidal surgery—from Philipp Bozzini to the First World Congress of Endoscopic Skull Base Surgery. Neurosurg Focus. 2005 Dec 15;19(6):E3. doi: 10.3171/foc.2005.19.6.4. PMID: 16398480.

2)

Arraez MA, Arraez-Manrique C, Ros B, Ibañez G. Major Internal Carotid Artery Injury During Endoscopic Skull Base Surgery: Case Report. Acta Neurochir Suppl. 2023;130:19-23. doi: 10.1007/978-3-030-12887-6_3. PMID: 37548719.

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