# **Endoscopic transorbital approach**

### **Cadaveric anatomical dissection studies**

In a cadaveric anatomical dissection study Gagliano et al. <sup>1)</sup> anatomically demonstrate and compare the surgical perspectives offered by the endoscopic endonasal approach (EEA) and the endoscopic transorbital approach (ETOA), and explore their combined potential to provide a circumferential (360°) view of the orbit and its neurovascular contents.

### 1. Sample Size Fallacy

The study uses only **5 cadavers**, raising serious questions about the reproducibility and generalizability of the findings.

#### Small N ≠ Big Insight.

No statistical validation or anatomical variability analysis is presented, reducing this to a **surgical demonstration**, not a scientific study.

Terms like \*"360° vision"\*, \*"optimal exposure"\*, and \*"essential baseline"\* are **marketing language**, not objective findings. There is no quantification of exposure or comparison of outcomes between EEA/ETOA and traditional approaches.

"360°" is **symbolic**, not **measured**.

Demonstrating that two endoscopic routes can "communicate" does not imply that such corridors are **safe**, **practical**, or **indicated** in real patients.

The leap from anatomical potential to surgical application is unjustified.

The study is more of a **neuroanatomical teaching tool** than a rigorous contribution to surgical science. The authors offer no discussion on:

- Intraoperative navigation
- Reconstruction strategies
- Risk of orbital compartment syndrome
- Learning curve or instrumentation limits

## **Neurosurgical Relevance**

While the endoscopic endonasal approach (EEA) and ETOA are of growing interest in skull base and orbital surgery, this paper does not **move the field forward**. It reaffirms already known anatomic exposures without addressing the **real-world challenges** of adopting these approaches.

1)

### **Bottom Line**

A visually interesting but **clinically shallow** cadaveric report that fails to deliver on its promise of surgical innovation. Before quoting "360° vision" in orbital surgery, the field needs **comparative outcome studies**, **technical feasibility in live surgery**, and **functional results**.

" Dissection is not demonstration. Exposure is not execution. And anatomical access  $\neq$  clinical value. "

Gagliano D, Manfrellotti R, Lasunin N, Prats-Galino A, Somma AD, Enseñat J. Endoscopic 360° Vision of the Orbit: A Comparative Anatomical Study of Endonasal and Transorbital Approaches. Neurocirugia (Engl Ed). 2025 Jun 13:500704. doi: 10.1016/j.neucie.2025.500704. Epub ahead of print. PMID: 40517903.

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