

Extended endoscopic endonasal transtuberculum sellae approach

see also [Extended endoscopic endonasal transsphenoidal approach](#).

The Extended endoscopic endonasal transtuberculum sellae approach represents a versatile route for the treatment of [sellar/suprasellar](#) pathologies. Although, sizeable extrasellar pituitary tumors still pose a threat due to displacement/encasement of surrounding structures, necessitating accurate knowledge of correlative operative anatomy with traditional landmarks. Complete resection of extrasellar components is essential to avoid postoperative [apoplexy](#).

The nuances of this [technique](#) have rendered a safe, direct, and feasible ventral corridor for the treatment of extending [suprasellar](#) pathologies. A study of Silveira-Bertazzo et al. illustrates surgical [landmarks](#) and strategies of paramount importance for [complications](#) avoidance, which can be used to remove large pituitary neuroendocrine tumors with suprasellar extension. Special references to cadaveric dissections highlight anatomical landmarks and surgical key points for complications avoidance ¹⁾.

Case reports

A 64-year-old woman with progressive bilateral [vision loss](#), including [visual acuity](#) deficits and [bitemporal hemianopsia](#). MRI revealed a 2-cm [tuberculum sellae meningioma](#) causing optic apparatus compression. An extended endoscopic endonasal transtuberculum approach was utilized for gross-total resection, including microdissection of tumor from the [optic chiasm](#) and [infundibulum](#). The closure was performed with multilayer tensor [fascia lata](#) autograft and a pedicled nasal-septal flap. The patient's postoperative exam showed visual improvement and normal [pituitary gland function](#) function. The [video](#) can be found in: https://youtu.be/ZfNB_rhlyel.

Literature

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Last update: 2024/06/07 02:51

