Infraorbital nerve

After the maxillary nerve enters the infraorbital canal, the nerve is frequently called the infraorbital nerve. This nerve innervates the lower eyelid, upper lip, and part of the nasal vestibule and exits the infraorbital foramen of the maxilla.

Infraorbital nerve (ION) decompression, excision to remove intrinsic tumors, and resection with oncological margins in malignancies with perineural invasion or dissemination are usually accomplished with an open approach. The objective is the nasolacrimal duct preservation via anterior maxillary antrostomy

A 45-degree endoscope visualized the infraorbital prominence endonasally. An angled dissector and dural blade allowed for dissection and resection of the ION ipsilaterally and contralaterally.

The ION can be approached using an ipsilateral endoscopic endonasal approach (EEA) with nasolacrimal duct preservation in most cases. The contralateral approach provides a wider angle to access the ION. This technique is primarily indicated in cases where the EEA can be used for tumor resection and oncological margins within the ION [1)].

1)
Peris-Celda M, Pinheiro-Neto CD, Scopel TF, Fernandez-Miranda JC, Gardner PA, Snyderman CH. Endoscopic endonasal approach to the infraorbital nerve with nasolacrimal duct preservation. J Neurol Surg B Skull Base. 2013 Dec;74(6):393-8. doi: 10.1055/s-0033-1347372. Epub 2013 Jun 14. PubMed PMID: 24436942; PubMed Central PMCID: PMC3836806.