

The [orbit](#) can be approached surgically from anteriorly through the face and conjunctivae or through any of its walls and from [intracranially](#). The most common neurosurgical [approaches](#) are directed through the superior and lateral walls to lesions located deep in the orbit near the apex or involving the optic canal, superior orbital fissure, and adjacent areas.

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Last update: **2025/04/29 20:26**

