Sphenoid wing

- Molecular Perspectives on Meningioma with Osseous Infiltration Revealed by ⁶⁸Ga-DOTA TOC PET-CT
- The meningo-orbital band from an endoscopic transorbital approach: an anatomical study
- Access and direct coil placement in complex neurovasculature with a novel 2.0 Fr SwiftNINJA (Leonis Mova selective) steering microcatheter: A technical note
- Lesser wing of sphenoid bone dermoid cyst resection: a pediatric transorbital neuroendoscopic approach
- Endoscopic transorbital transpalpebral approach for a sphenoid wing meningioma
- Endoscopic transorbital approach for left anterior clinoidectomy, optic canal decompression and spheno-orbital meningioma resection
- Minimally invasive mastery: transorbital endoscopic excision of the paramedian epidermoid
- Paradoxical evolution of spheno-orbital meningioma after cessation of progestin treatment

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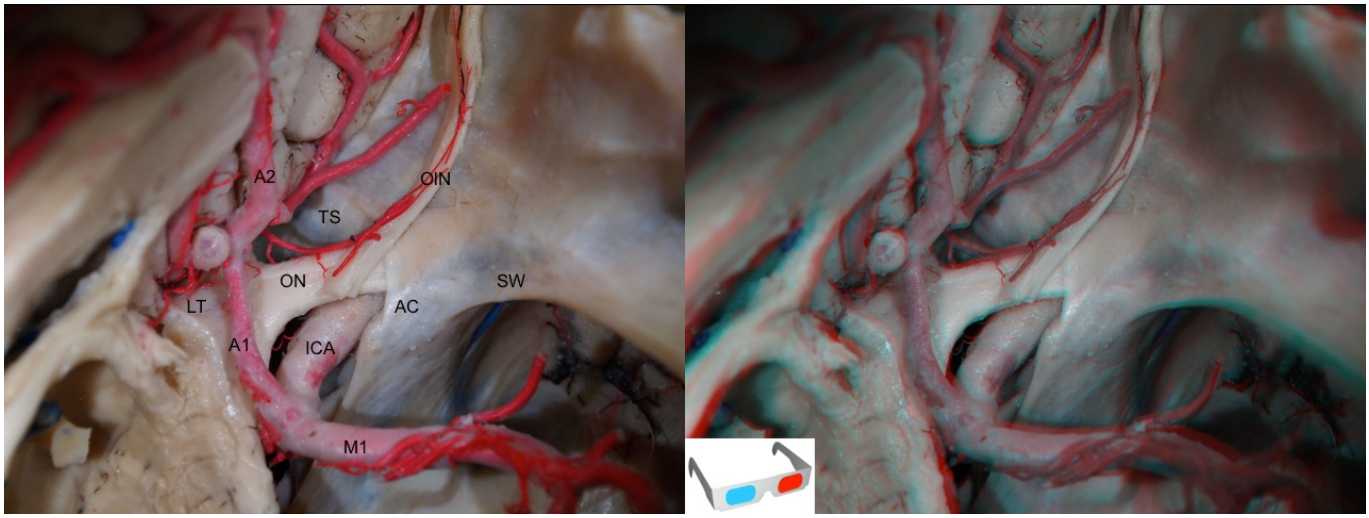
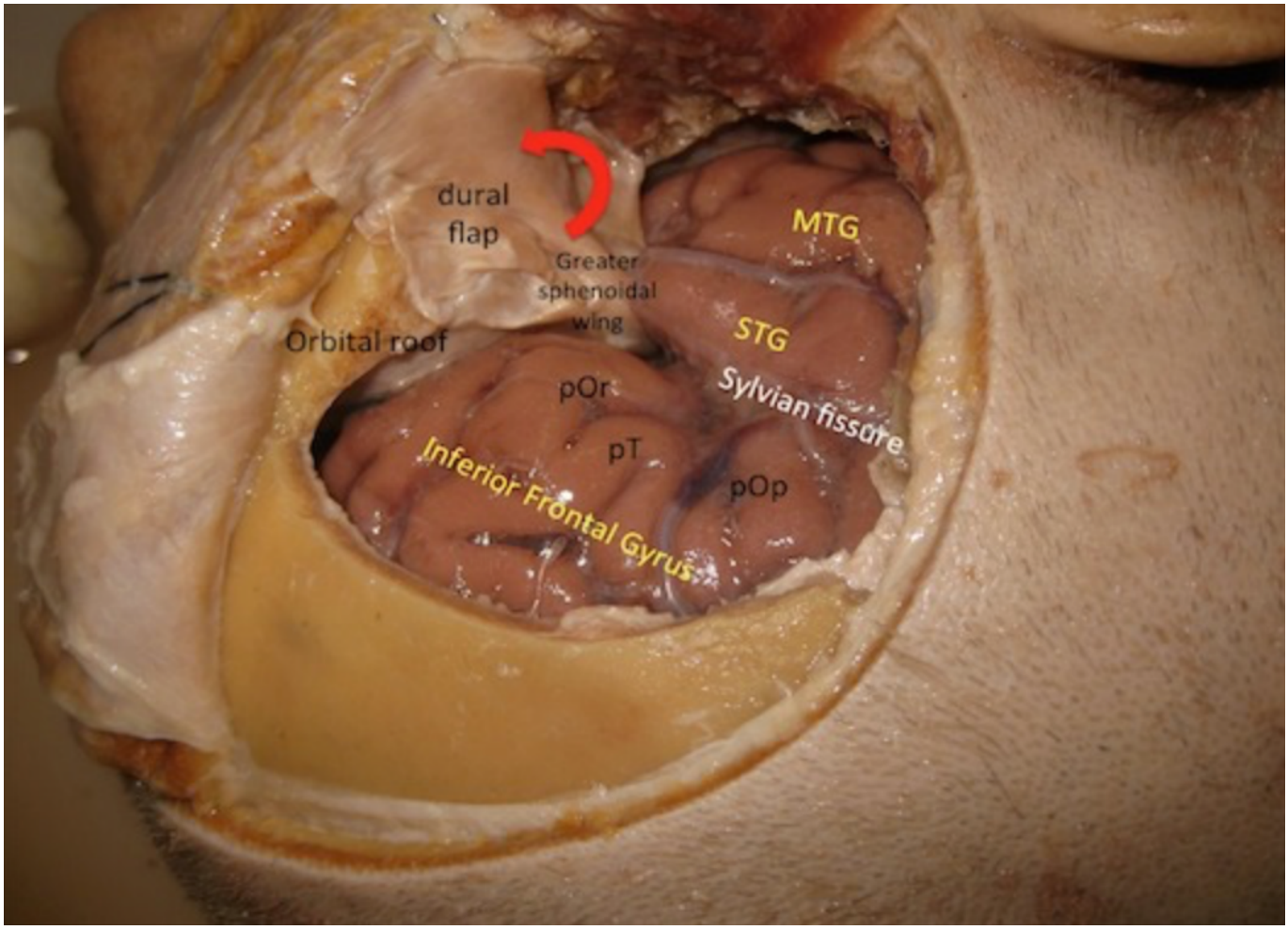
The greater wing of the sphenoid bone, or alisphenoid, is a bony process of the sphenoid bone; there is one on each side, extending from the side of the body of the sphenoid and curving upward, laterally, and backward.



AC: anterior clinoid process; ICA: internal carotid artery; LT: lamina terminalis; ON: optic nerve; OIN; olfactory nerve; SW: sphenoid wing; TS: tuberculum sellae; A1: A1 segment of the Anterior Cerebral Artery; A2: A2 segment of the Anterior Cerebral Artery; M1: M1 segment of the Middle Cerebral Artery



The bone flap has been removed and the dura mater has been opened as a flap pediculated towards the greater sphenoid wing previously roungered to improve parasellar visualization. Sylvian fissure, Inferior frontal gyrus, Superior temporal gyrus and Middle temporal gyrus are exposed. Three pars of parasylvian inferior frontal gyrus must be distinguished: pars orbitalis (pOr) in relation to the orbital roof; pars triangularis (pT) the widest area of sylvian fissure (good place for start opening of sylvian fissure); pars opercularis (pOp) where Broca's Area is located.

The frontotemporal, so-called pterional approach has evolved with the contribution of many neurosurgeons over the past century. It has stood the test of time and has been the most commonly used transcranial approach in neurosurgery. In its current form, drilling the sphenoid wingas far down as the superior orbital fissure with or without the removal of the anterior clinoid process, thinning the orbital roof, and opening the Sylvian fissure and basal cisterns are the hallmarks of this approach.

Sphenoid wing meningioma

see Sphenoid wing meningioma

Sphenoorbital meningioma

see Sphenoorbital meningioma