A frontotemporal approach provides better access for the opticocarotid approach directed between the carotid artery and the optic nerve, while permitting access by the lamina terminalis approach directed above the chiasm and the subchiasmatic approach used if the tumor elevates the chiasm and opens the space between the optic nerves and chiasm. The opticocarotid approach would be used if the tumor opened or protruded through the space between the optic nerve and carotid artery and the tumor was difficult to reach by the subchiasmatic approach. The lamina terminalis approach would be selected if the chiasm was prefixed and the tumor presented through a thin stretched lamina terminalis. The subfrontal route provides a more direct anterior approach for the subchiasmatic and lamina terminalis exposures. However, these exposures can be accessed from a more lateral and oblique trajectory in the frontotemporal approaches. The endoscope can be used as an adjuvant in open approaches. Straight and angled endoscopes complement and improve the microscopic view in certain areas with both the subfrontal and the pterional-orbitozygomatic approaches as described for vascular surgery (Peris-Celda et al., 2013).