

The endonasal endoscopic transtuberculum transplanum approach is a safe and effective minimal access approach to midline pathology in the suprasellar cistern ¹⁾.

With the goal of gross-total tumor resection and visual improvement, [endoscopic endonasal surgery](#) (EES) can achieve very good results, (comparable to microscopic approaches) for the treatment of suprasellar [meningiomas](#). Avoidance of [brain](#) and [optic nerve](#) retraction, preservation of the vascularization of the optic apparatus, and wide decompression of the [optic canals](#) are the main advantages of EES for the treatment of suprasellar meningiomas, while [cerebrospinal fluid leakage](#) remain a disadvantage ²⁾.

Once the [learning curve](#) is overcome, endonasal endoscopic resection of suprasellar meningiomas can achieve high rates of gross total resection (GTR) with low complication rates in well-selected cases ³⁾.

Interhemispheric approach

The small bone window interhemispheric approach can be used to expose tumours, lightly stretch brain tissues, reduce the incidence of complications, and improve the total resection rate of tumours of patients with sellae meningiomas growing forward, upward, and into the sella ⁴⁾.

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