

Transethmoidal decompression

see [Transethmoidal approach](#).

Over a period of ten years, 39 [patients](#) who had suffered [optic nerve compression](#) after a [craniocerebral trauma](#) underwent [transethmoidal decompression surgery](#). The [operation](#) was performed bilaterally on 5 patients. Fifty percent of patients involved suffered a [blunt head](#) or [brain injury](#), the others [brain compression](#) or [contusion](#). On the side of [optic nerve compression](#), Kolenda et al. from the Neurosurgical Department, University of [Göttingen, Germany](#), found specific [signs](#) and [symptoms](#) of the [compression](#) such as negative or [sluggish direct light reflex](#) of the [pupil](#), [wounds](#) on the lateral side of the [eyebrow](#), bleeding from the [nose](#), [eyelid hematoma](#), [skull fractures](#) and [intracranial hematomas](#). Since radiological and [intraoperative](#) findings were the same in only 67% of cases ophthalmological findings such as lack of direct [pupillary response](#) occurring together with preserved [consensual response](#) and progressive [loss of vision](#) after a traumatic incident are used as [guideline](#) for performing transethmoidal decompression of the [optic nerve](#). Surgery produced restitution of visual function in about 10% more cases than conservative therapy reported in the literature ¹⁾.

¹⁾

Kolenda H, Schröder M, Mühlendyck H, Rama B, Markakis E. Transethmoidal decompression of the optic nerve in the case of craniocerebral trauma. Neurosurg Rev. 1988;11(1):39-43. PubMed PMID: 3217018.

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