

Historically, surgical management of tumors of the anterior cranial fossa with extension to the paranasal sinuses has been problematic. Wide exposure of these lesions has traditionally called for prolonged retraction of the frontal lobes or potentially disfiguring transfacial approaches, subjecting patients to undesirable neurological and cosmetic morbidity. With the introduction of progressively less invasive procedures, however, intracranial tumors with craniofacial involvement have become amenable to en bloc resection with a minimum of deleterious consequences. Increasing experience with endoscopy as an imaging modality in intracranial and extracranial surgery has led to the adaptation of endoscopic techniques to this setting. We have used an entirely endoscopic transglabellar approach to the anterior fossa to resect suprasellar tumors in two patients. The use of endoscopy allowed thorough visualization of all critical structures at the paramedian skull base without the need for a bicoronal scalp flap, bifrontal osteotomies, or brain retraction. Both lesions were resected in their entirety with no perioperative complications and with acceptable cosmetic results. These cases demonstrate how the application of endoscopy to surgery of the anterior skull base and craniofacial skeleton can eliminate the need for excessively invasive techniques without compromising surgical success <sup>1)</sup>.

<sup>1)</sup>

Jarrahay R, Cha ST, Berci G, Shahinian HK. Endoscopic transglabellar approach to the anterior fossa and paranasal sinuses. J Craniofac Surg. 2000 Sep;11(5):412-7. PubMed PMID: 11314063.

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