



ENDOSCOPIC HYPOPHYSECTOMY

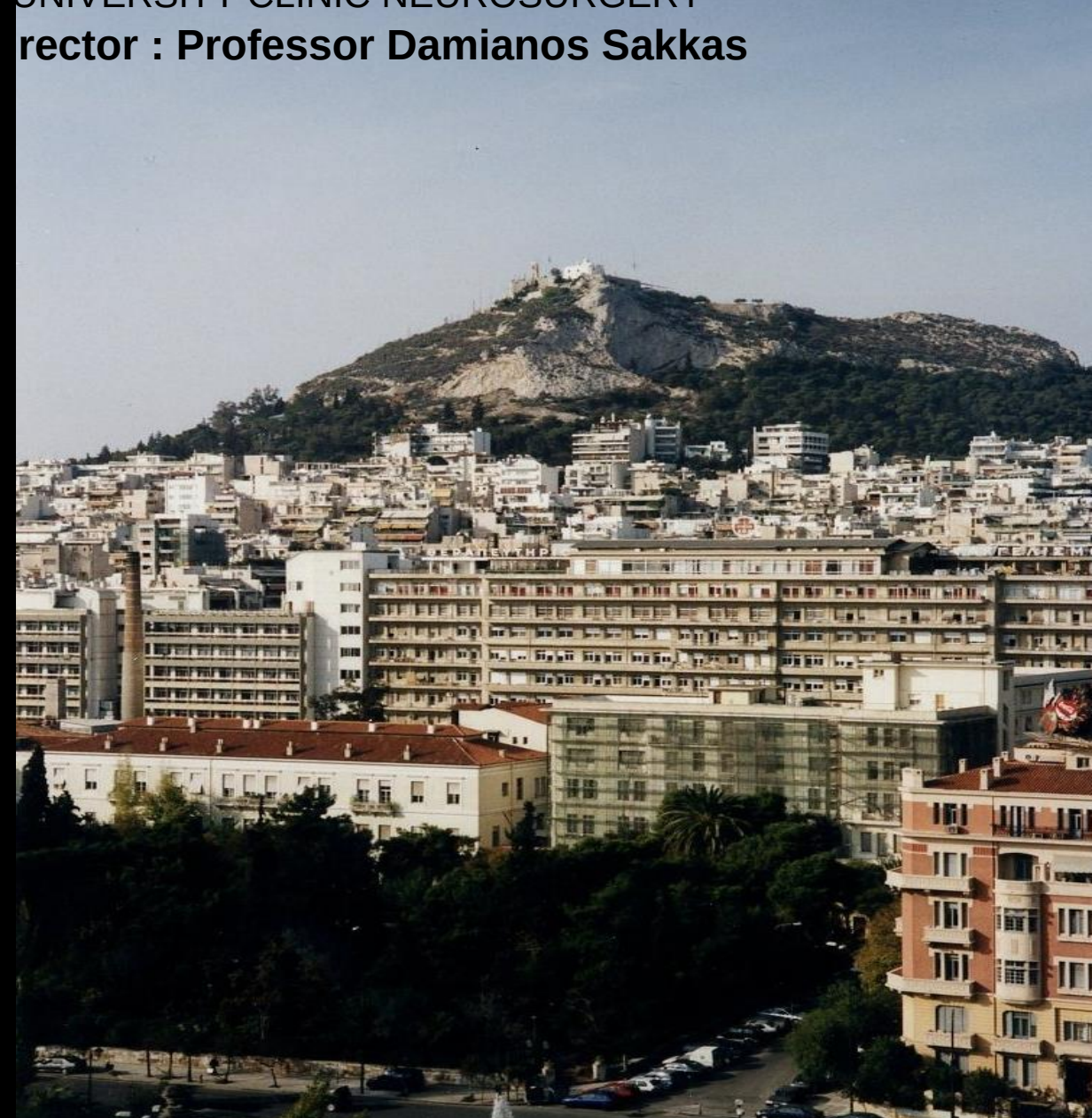
Sp . Papaspyrou*
ENT Ass Professor

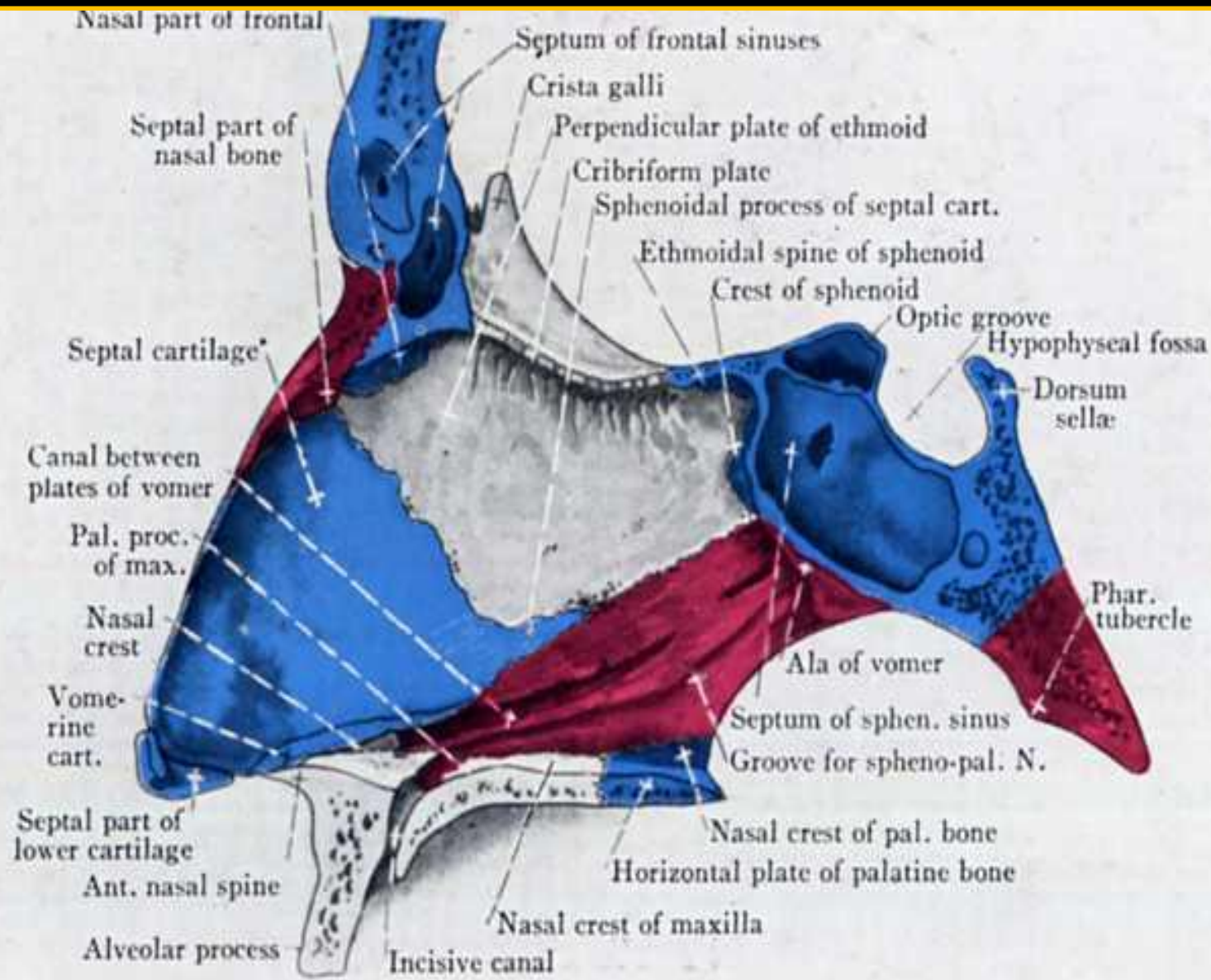
Ass Prof St . Korfias
Prof Dam . Sakkas

Neurosurgery University Clinic

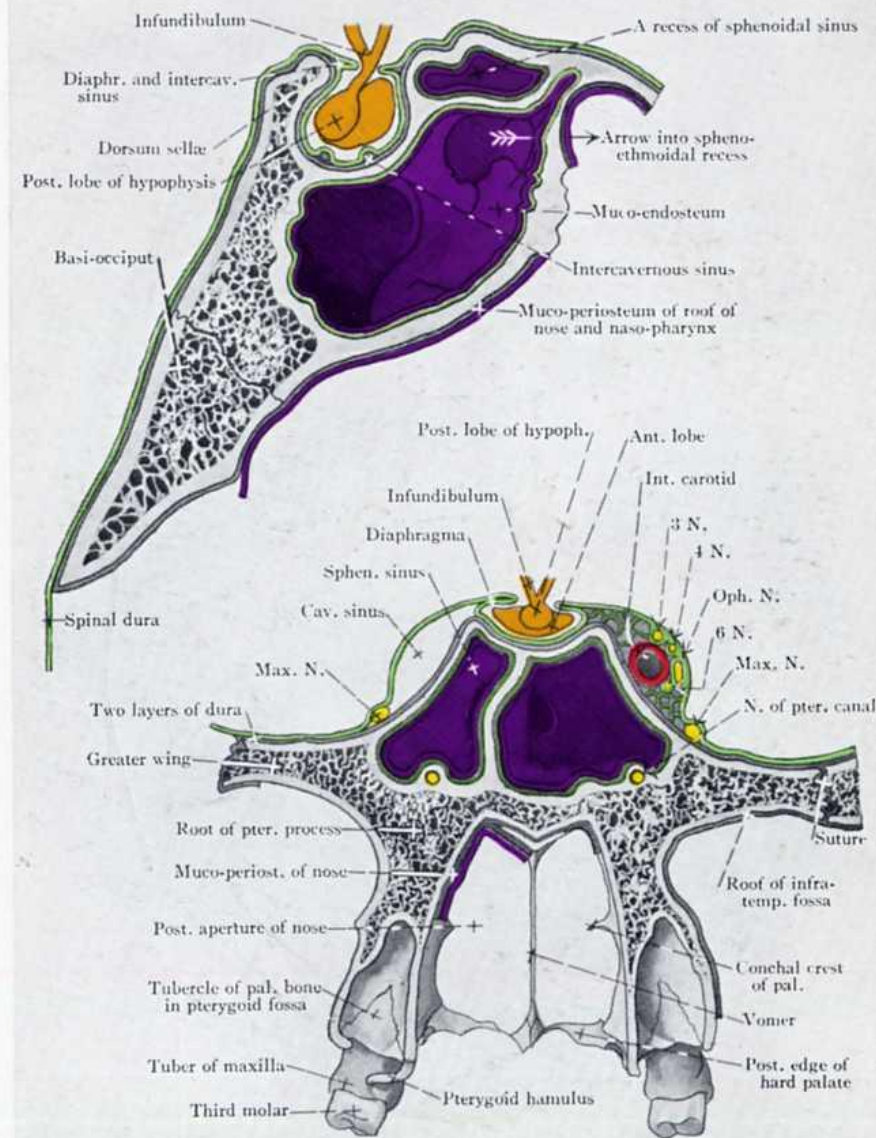


UNIVERSITY CLINIC NEUROSURGERY
Director : Professor Damianos Sakkas





B—SEPTUM OF NOSE

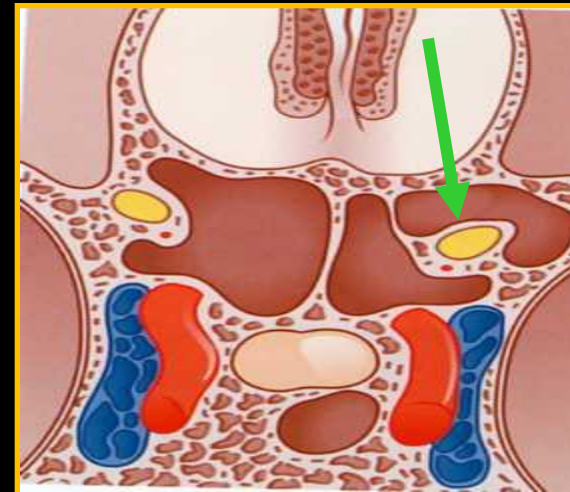
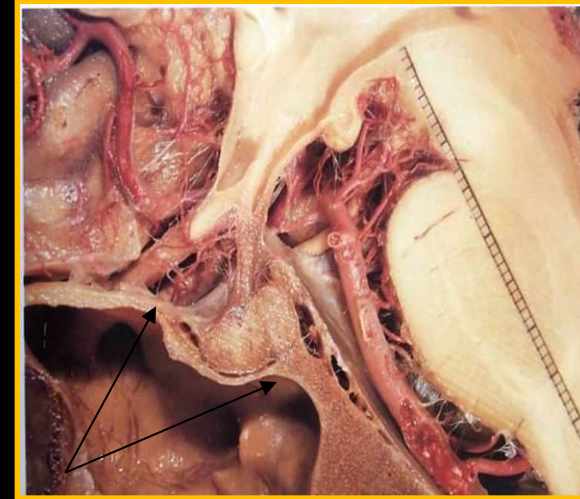


SPHENOIDAL AND CAVERNOUS SINUSES



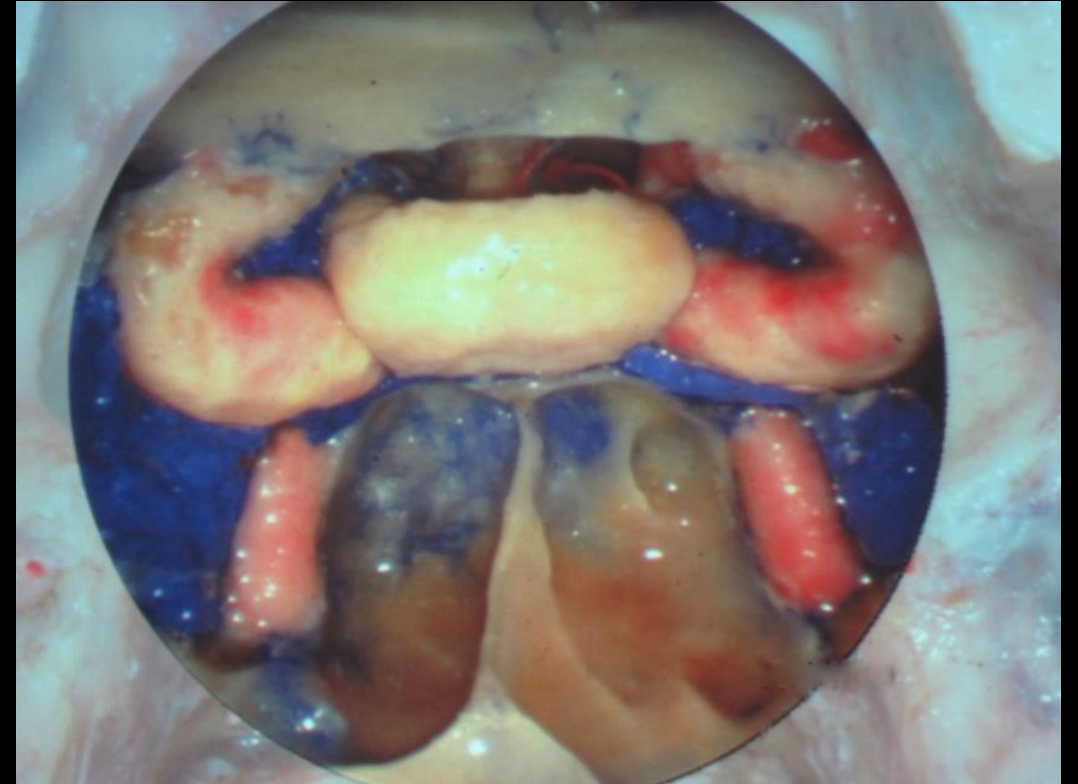
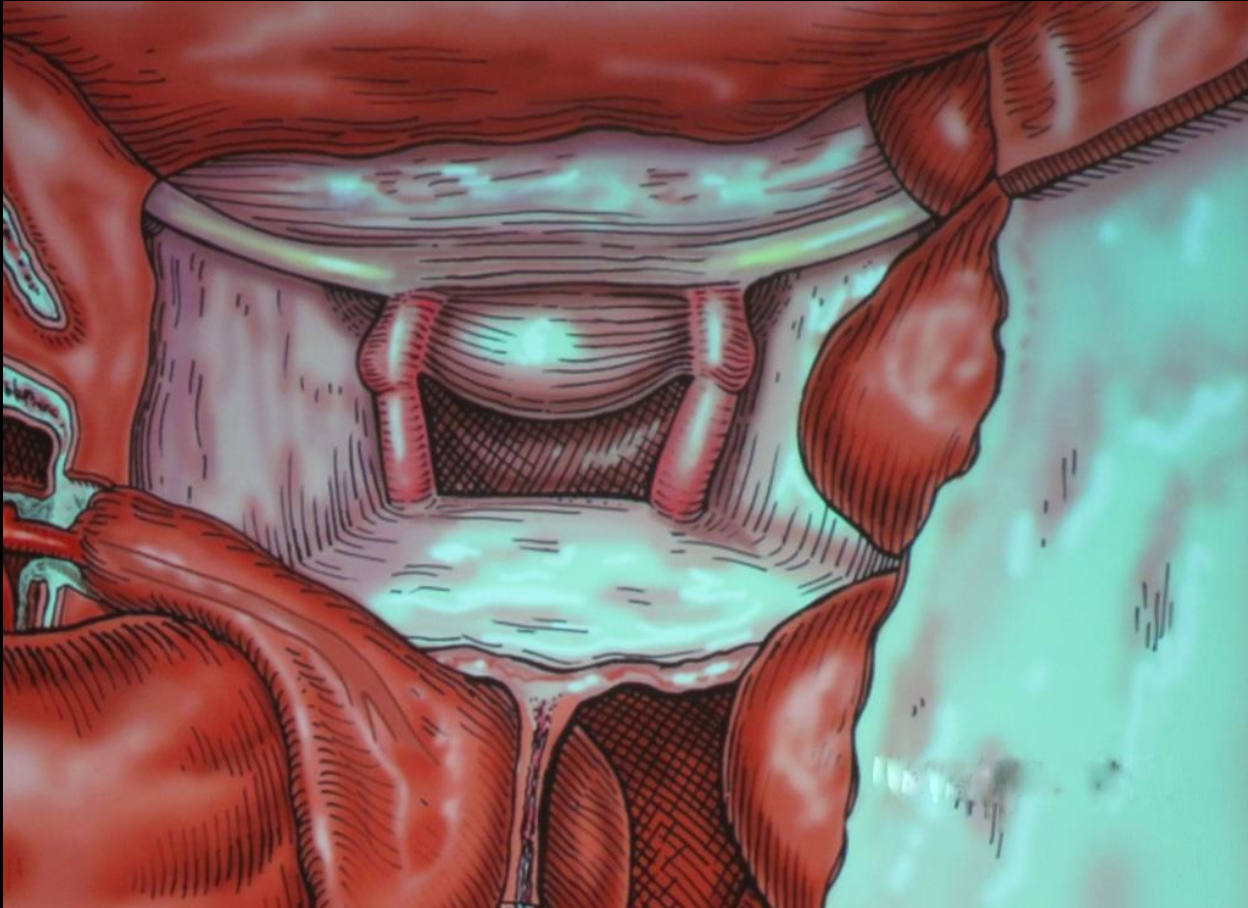
Important Anatomical Landmarks

Dangerous Spaces



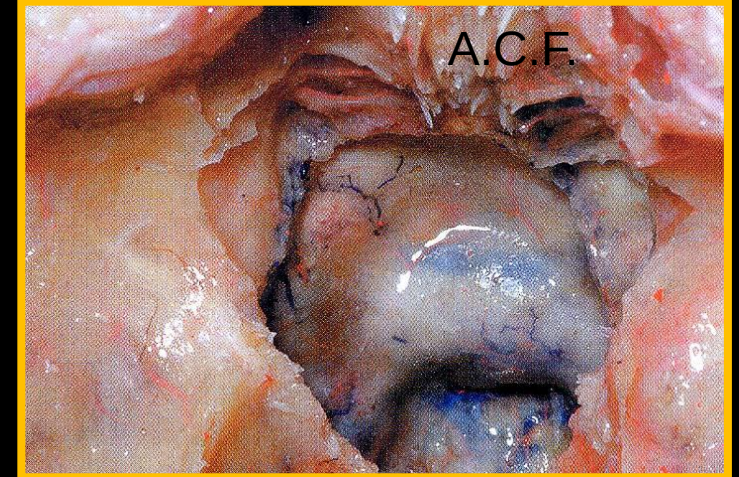
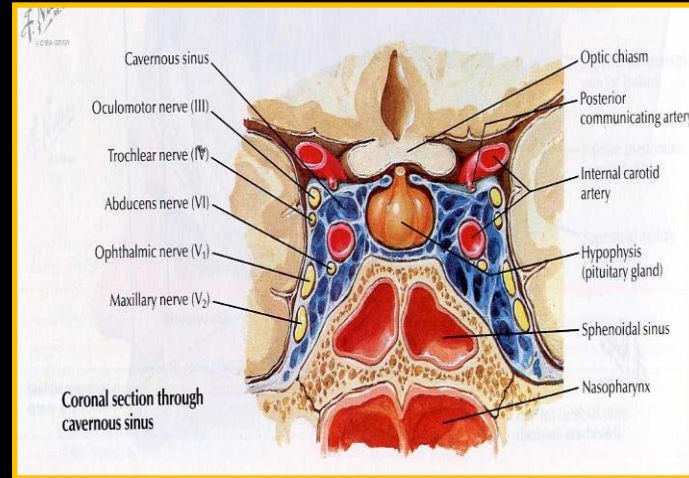
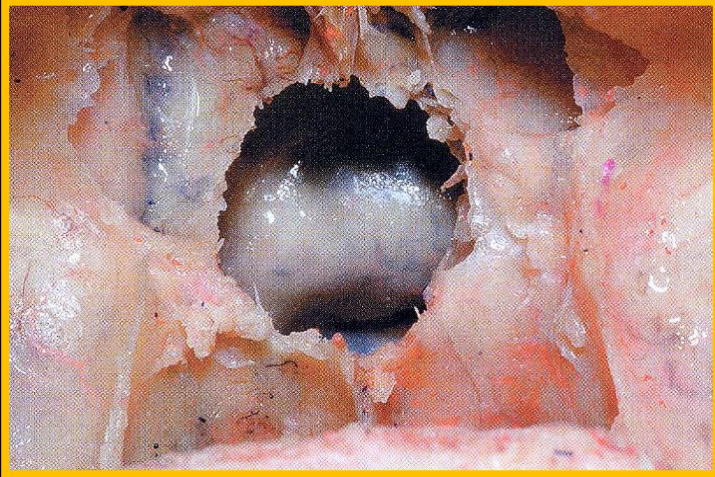
Important Anatomical Landmarks

Dangerous Spaces

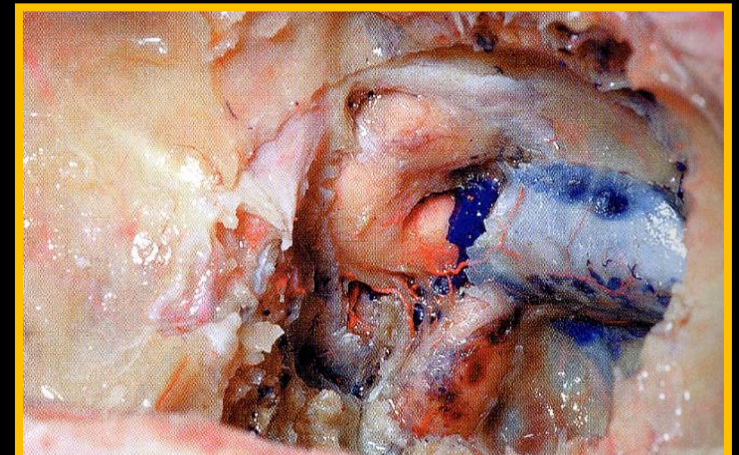
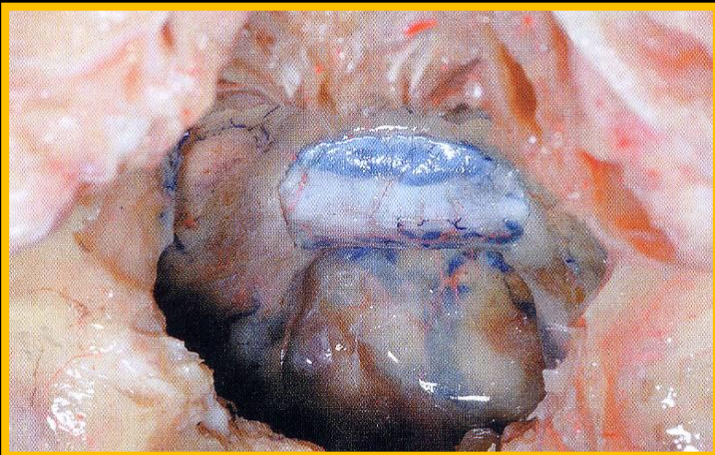


SURGICAL STEPS ON SPHENOID SINUSES & SELLAR

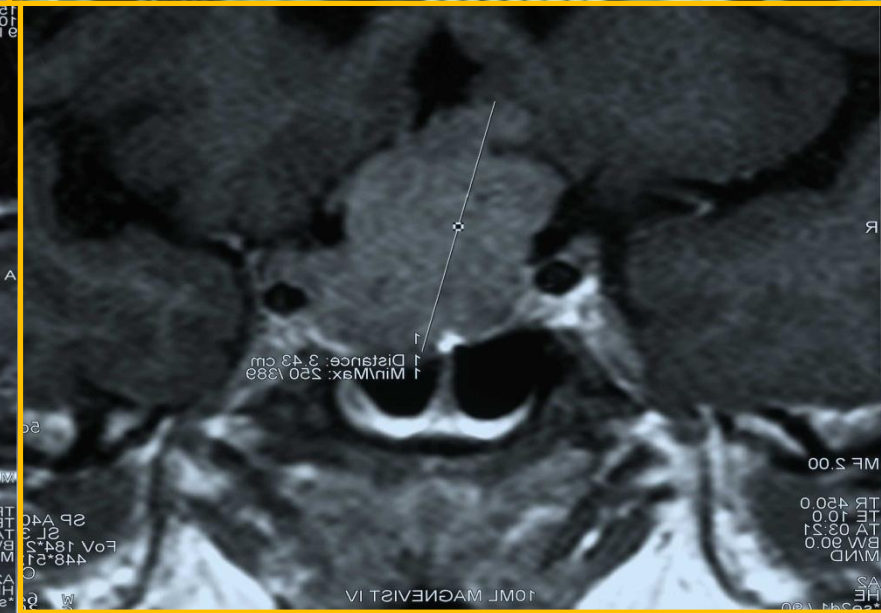
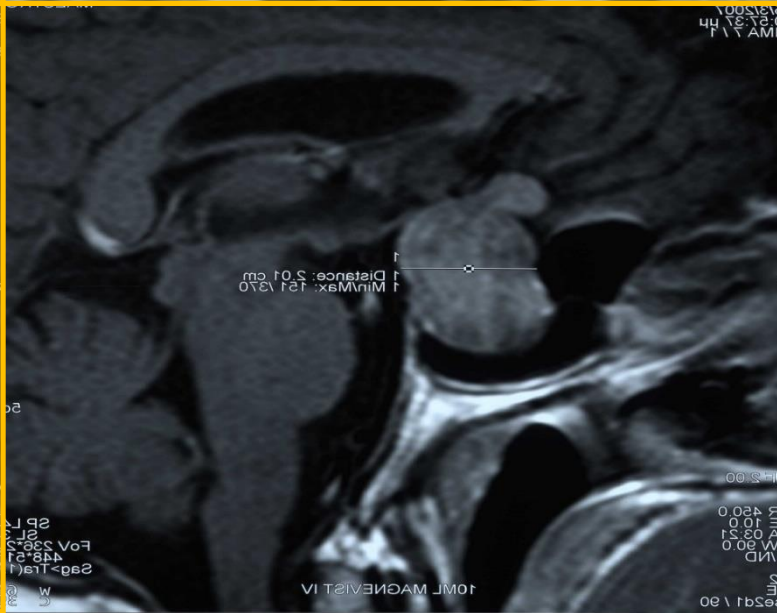
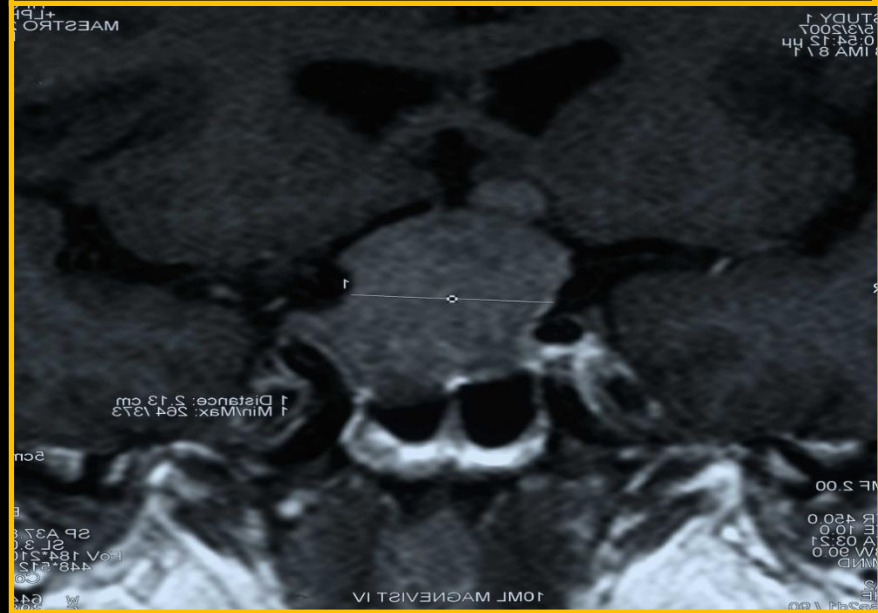
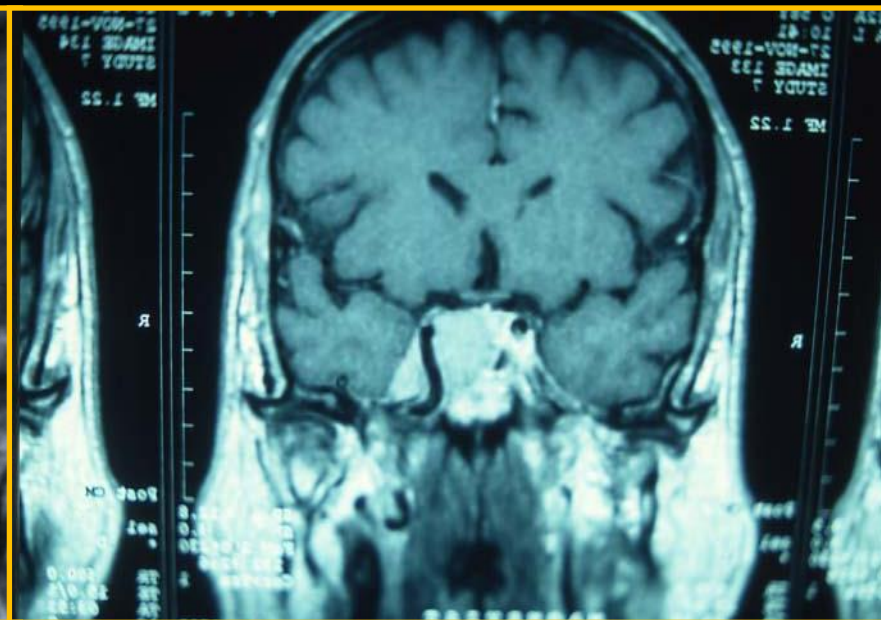
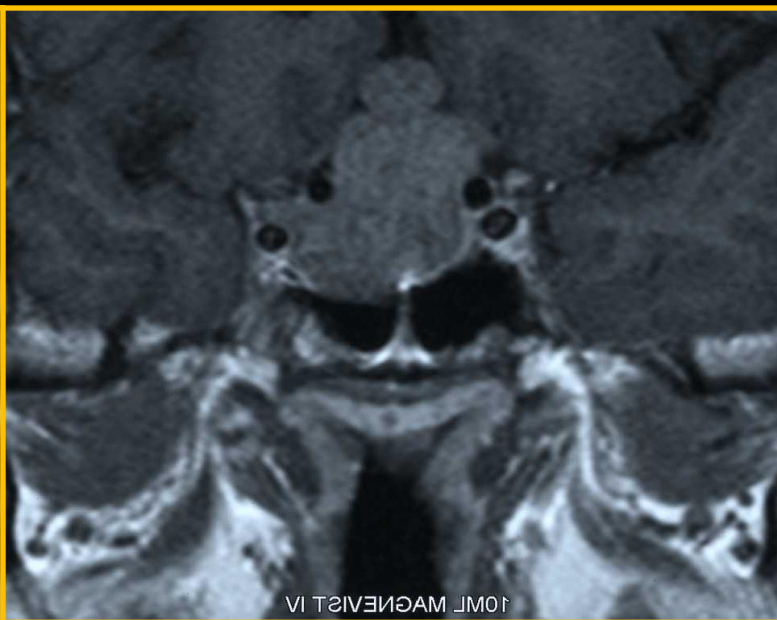
IMPORTANT ANATOMICAL LANDMARKS

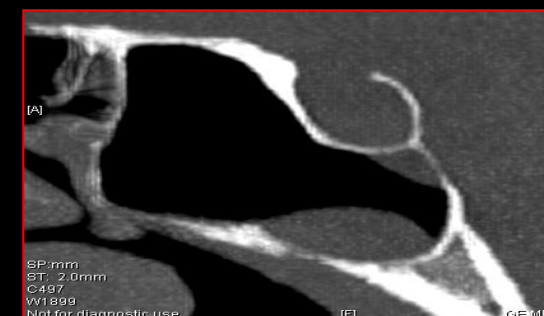
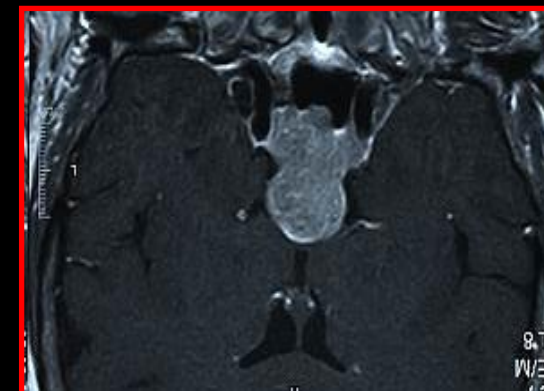
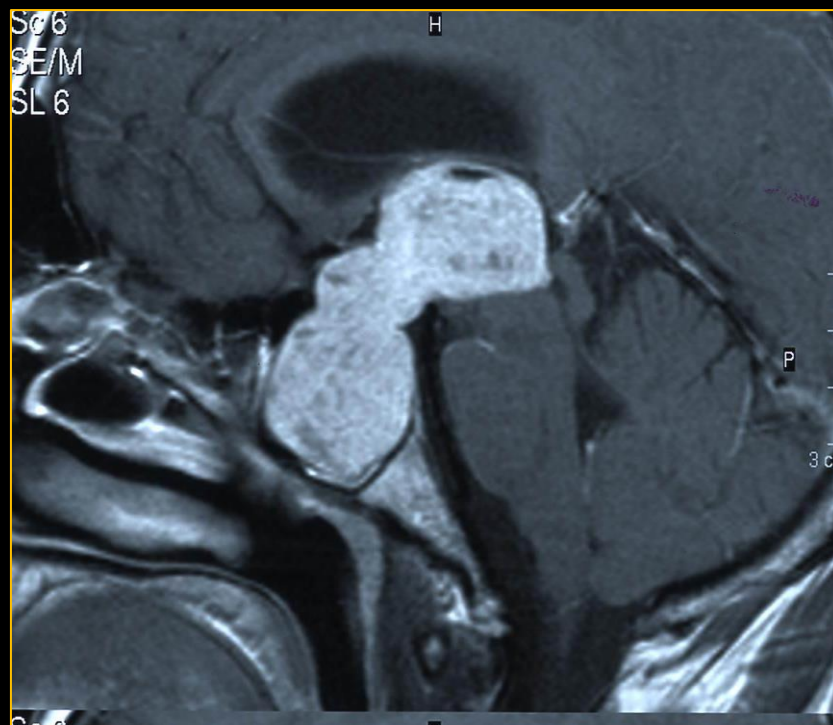
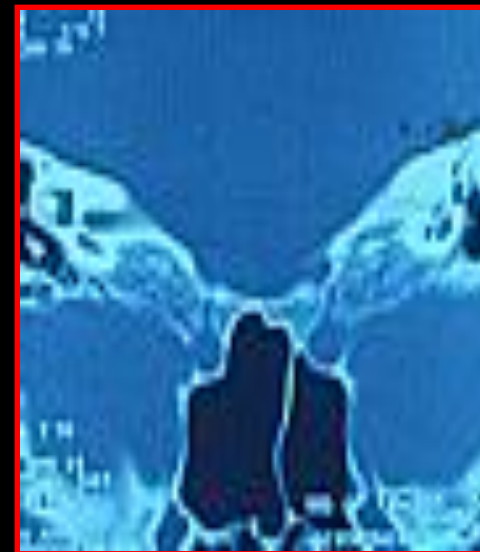
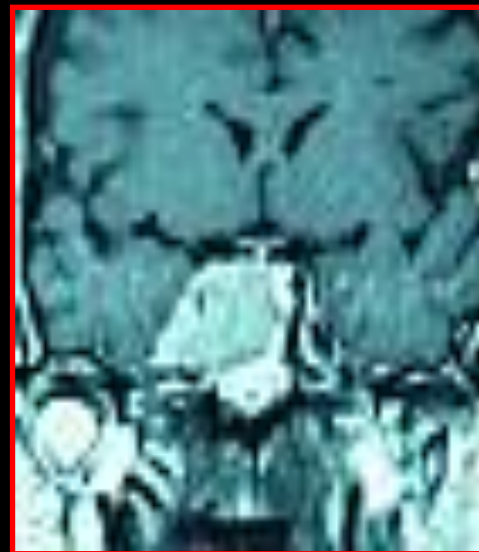
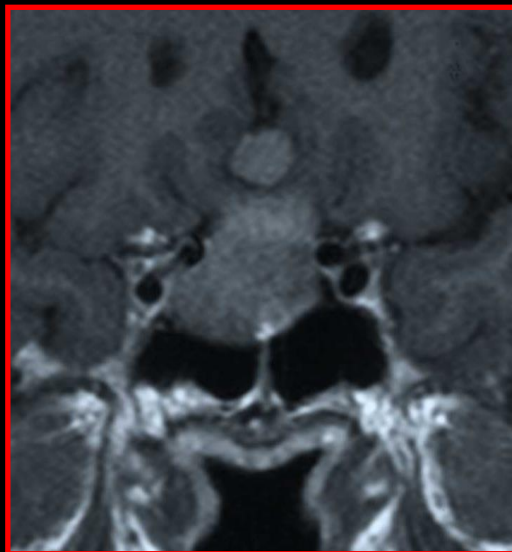
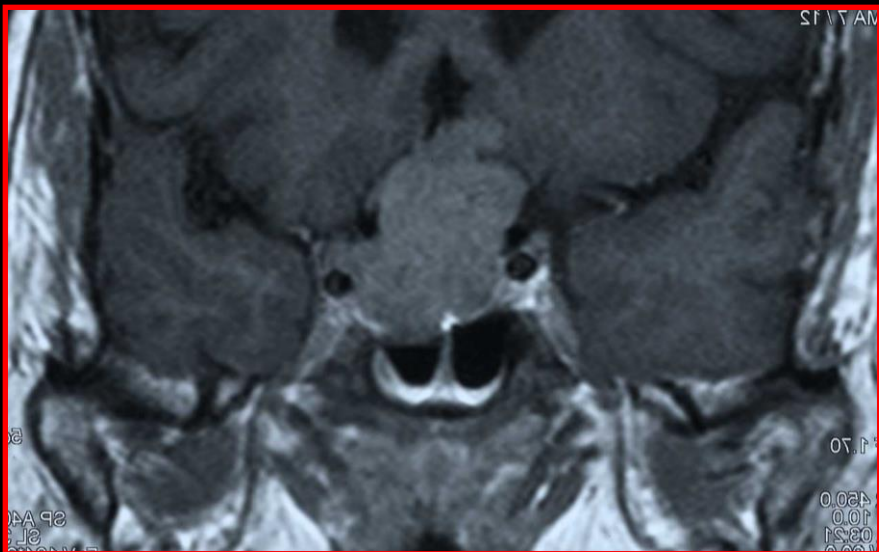


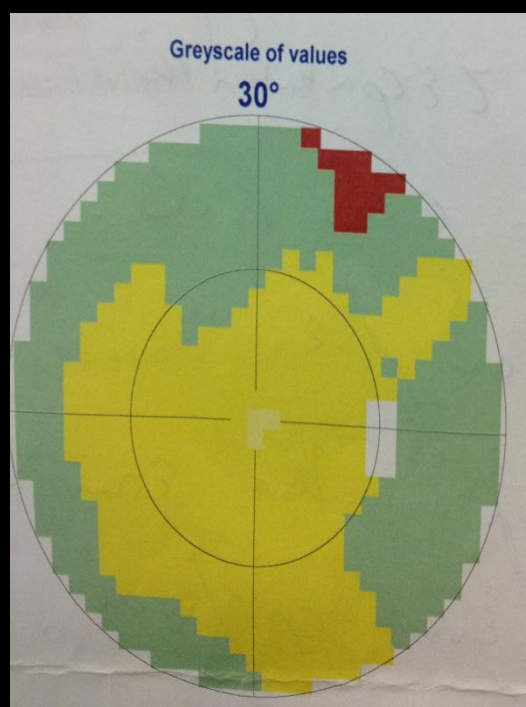
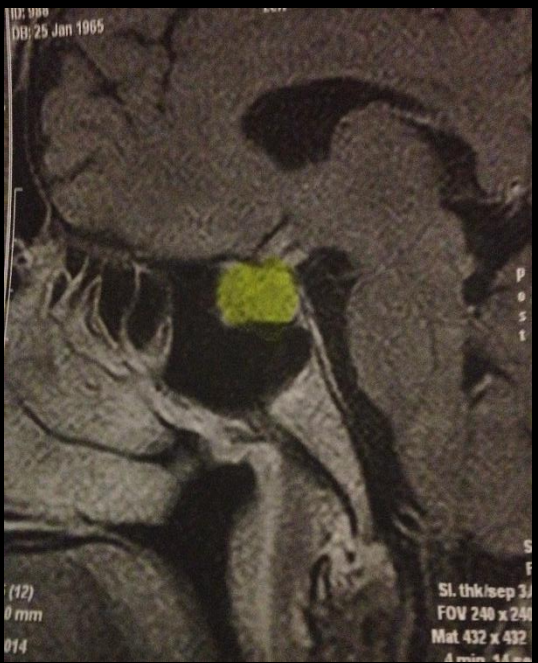
The Sella is exposed from the Tuberculum to the Clival in Vertical Dimension



ENDOSCOPIC HYPOPHYSECTOMY

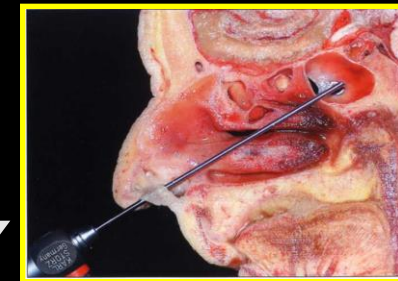
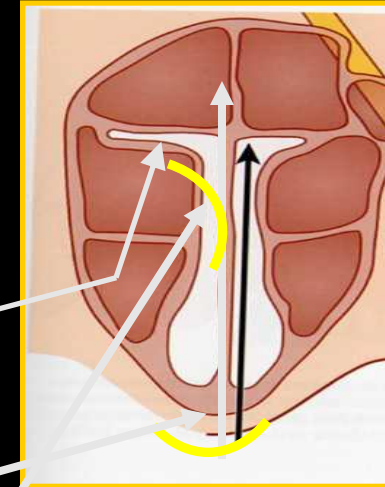


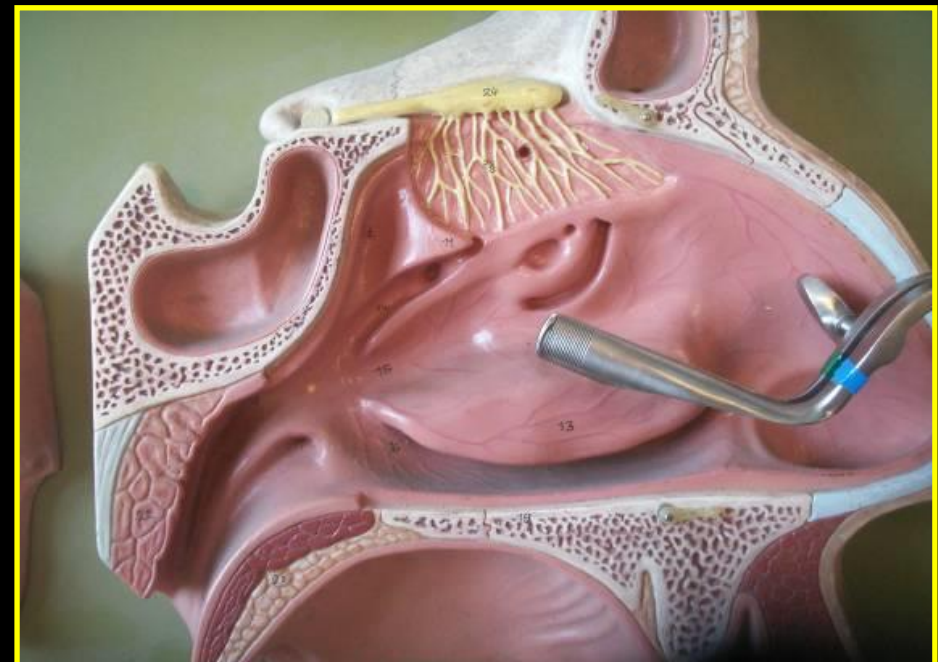
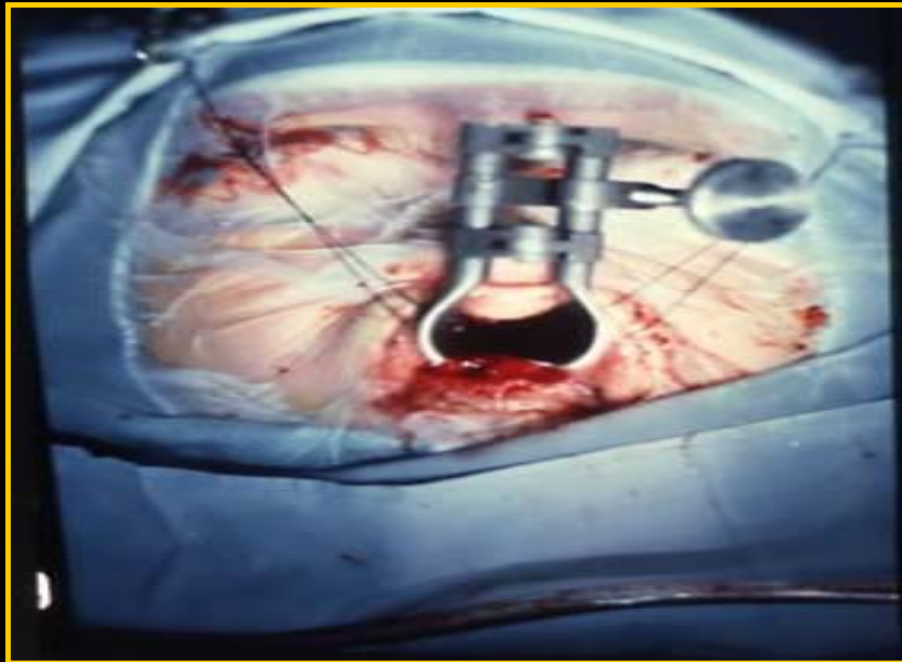
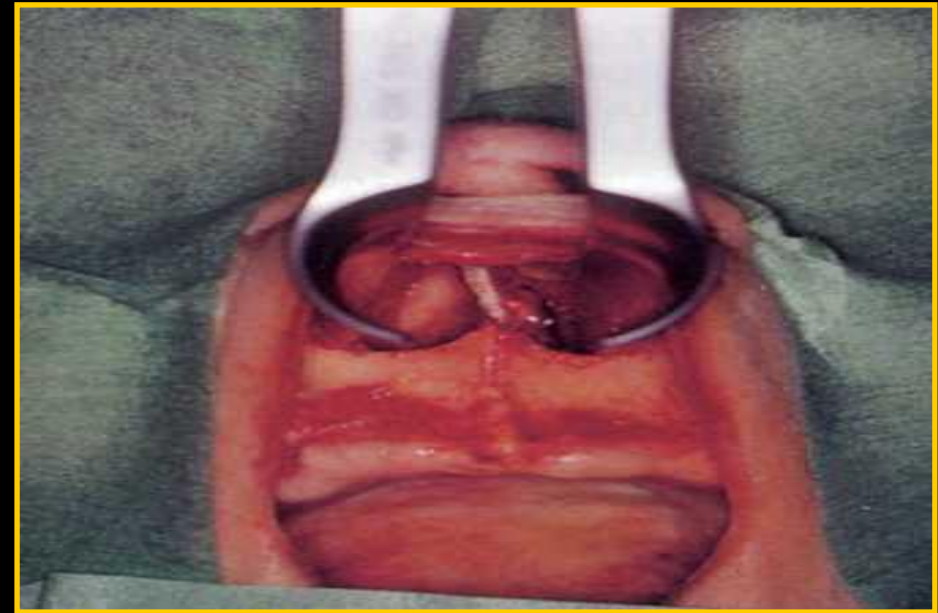


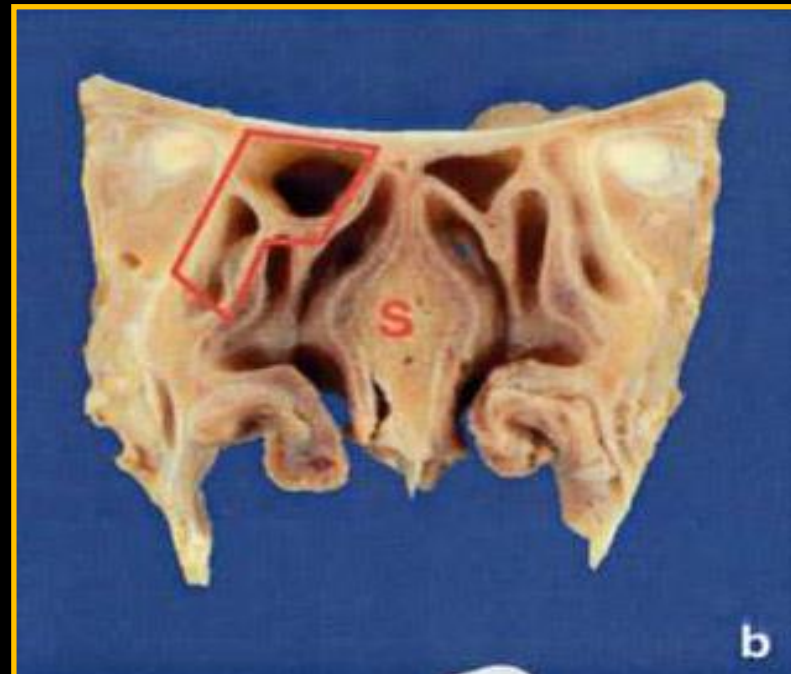
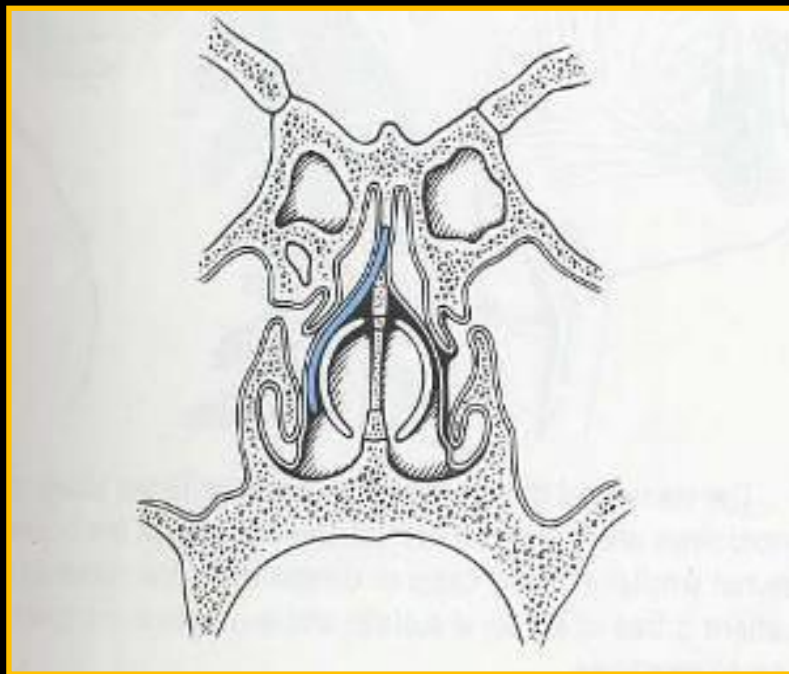
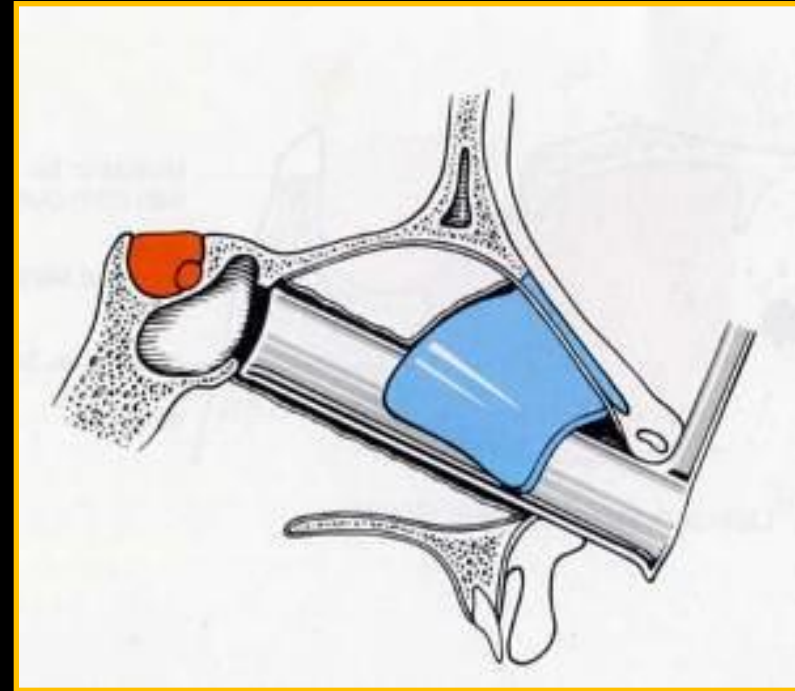
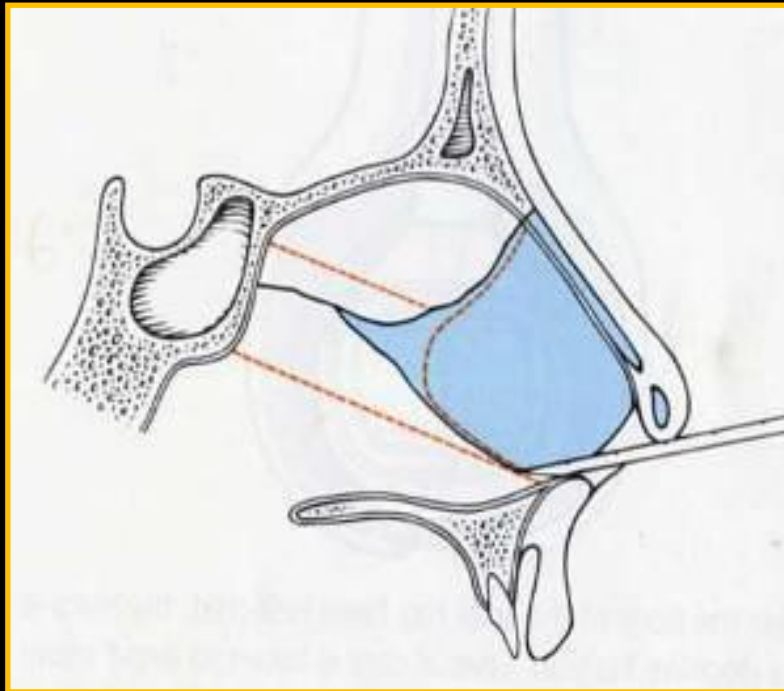
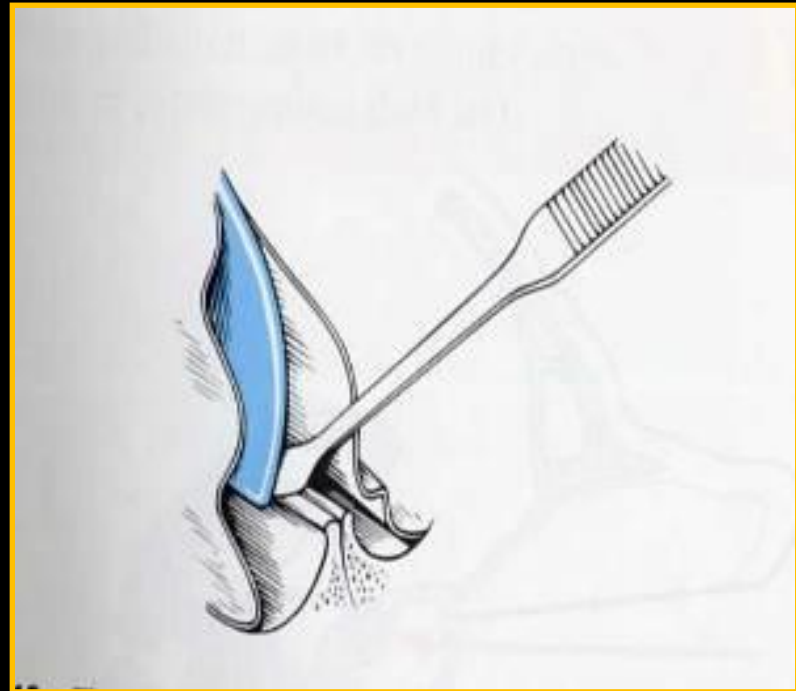


Commonly used Transphenoidal Approaches

- Trans-Ethmoidal Microscopic & Endoscopic
- Sublabial Microscopic & Endoscopic
- Push Over Technique Microscopic & Endoscopic
- Paraseptal Middle Meatal – Turbinectomy Endoscopic
- Trans-Nasal Via the Ostium and Spheno-Ethmoidal Recess Endoscopic









Up-To-Date Publication In The Official Journal Of American Association Of Neurosurgery

J Neurosurg 109:153-155, 2008

Sublabial-endonasal approach to the sella turcica

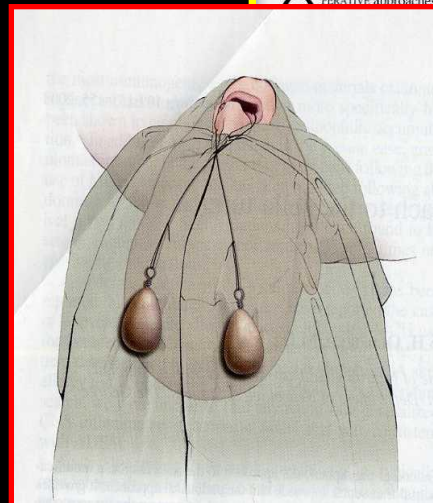
Technical note

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In this paper the authors describe the sublabial-endonasal-transsphenoidal approach to the sella turcica, a modification that combines elements of the sublabial-submucosal-transsphenoidal approach and the endonasal approach. It provides a midline, or near midline, trajectory, wide exposure of the sella, and secure speculum placement on the osseous edge of the pyriform aperture, while avoiding dissection of the nasal mucosa, and it can be used for microscopic and endoscopic surgery. (DOI: 10.3171/JNS.2008.109.7.153)

KEY WORDS • endonasal route • exposure • sella turcica • sublabial route • transsphenoidal route

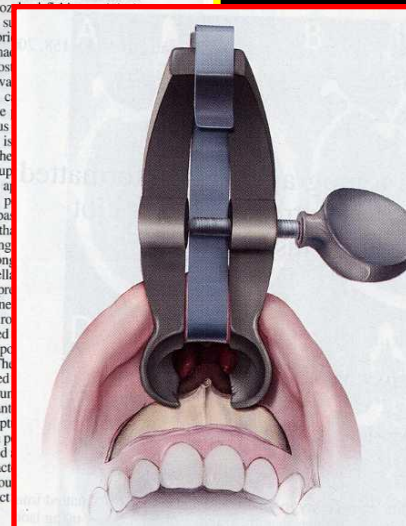


PERATIVE approaches to the anterior face of the sella turcica have been roughly described in the literature. The most commonly used techniques are the transsphenoidal approaches.^{1,6} Recently, whether using the endonasal or the sublabial approach has been emphasized, primarily the sublabial incision. However, the disadvantages of an oblique trajectory, the width of the nasal retractor, the stability of the speculum, and the osseous edge of the pyriform aperture. We describe a simultaneous-transsphenoidal approach that provides a wide opening of the nasal cavity, the exposure of the sella in the anterior face of the cavernous sinuses, and the sellar floor, view under the operating microscope. It also allows a direct or indirect approach to the structures. In addition, we have been adopted throughout the world (H.O.) and have proven useful.

Technique

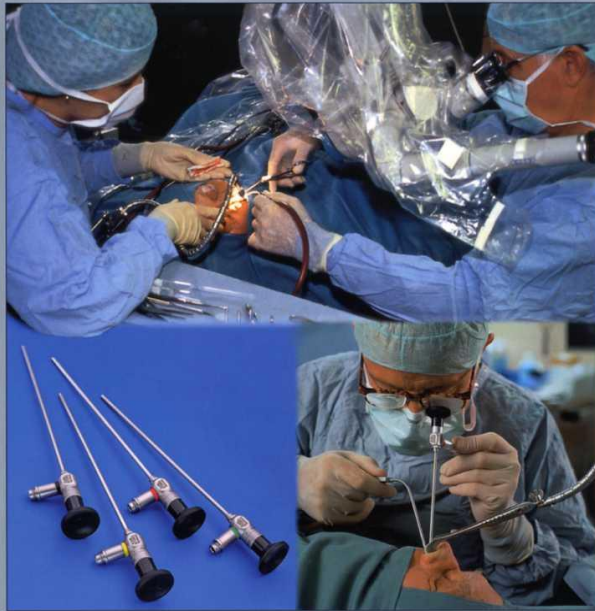
After anesthesia is induced, the patient is placed in 3-point fixation and draped similar to a standard craniotomy. To retract and maintain the mouth open, a 0 Neuroline suture is placed around each canine and 3 mm above the upper lip, to retain superior reflection and

retraction of the upper lip, a 16-oz. weight is then draped rostrally from each side, crossing just above the bridge of the nose. The normal gingival incision is made along the canine fossa down to the submental area, and a 3-mm mucosal cuff on the gingiva is preserved (Fig. 2A). Subperiosteal dissection is carried out from the maxilla to the inferior edge of the anterior margin of the cartilaginous alar rim, and a 15-mm vertical incision is made in the patient's left (surgeon's right) of the exposed surface of the everted upper lip. The incision is taken down to the base of the pyriform aperture. The rostral part of the lip is taken to ensure that the nasal passage will allow entrance into the nasal passage through the tissue, rather than the face of the upper lip. Initially a long, thin, blunt-tipped retractor is inserted into the incision along the midline and oriented toward the sella. The inferior remnant of vomer or the premaxilla assists in approximating the midline. A handheld speculum is used to confirm the rostral position. The handheld speculum is replaced by a bivalve Hardy speculum, and the position is confirmed by the aid of fluoroscopy (Fig. 2C). The soft tissue of the sphenoid bone is coagulated just to the left of the sphenoid rostrum. The retractor is placed flush with the anterior margin of the sphenoid bone. The osseous nasal septum is cut at the junction with the sphenoid rostrum. The alar cartilage and vomer are fractured to the contralateral side as the retractor is positioned, mobilizing the cartilaginous septum toward the right, to provide a direct

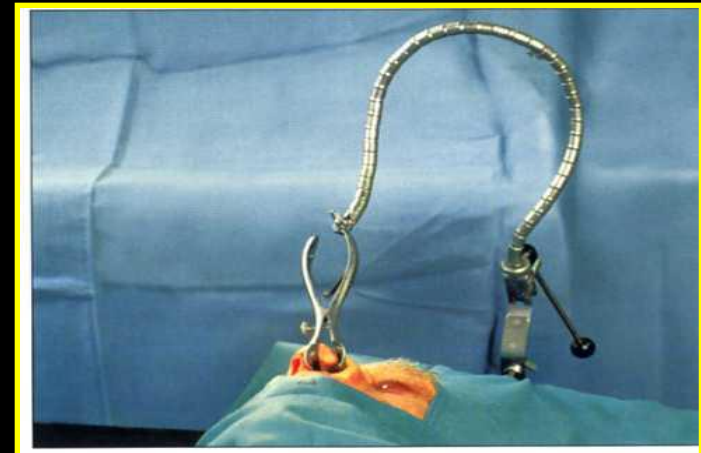
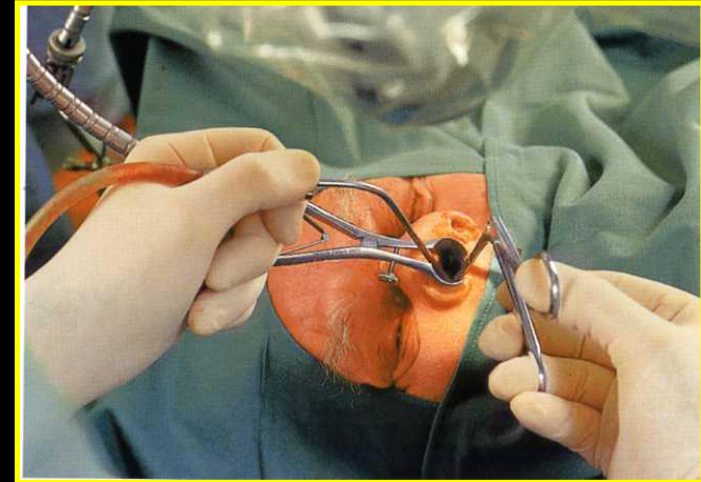


Combined MICROSCOPIC & ENDOSCOPIC TRANSNASAL – TRANSPHENOIDAL HYPOPHYSECTOMY

COMBINED MICROSCOPIC AND ENDOSCOPIC SURGERY OF THE PARANASAL SINUSES

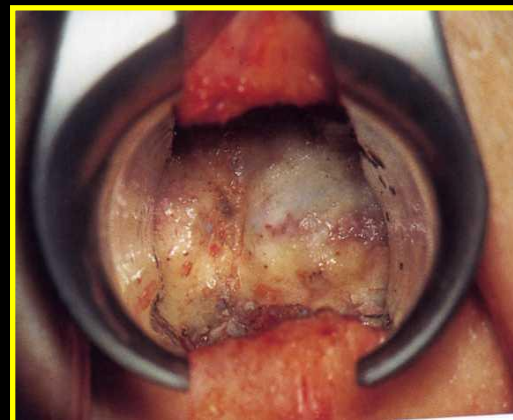
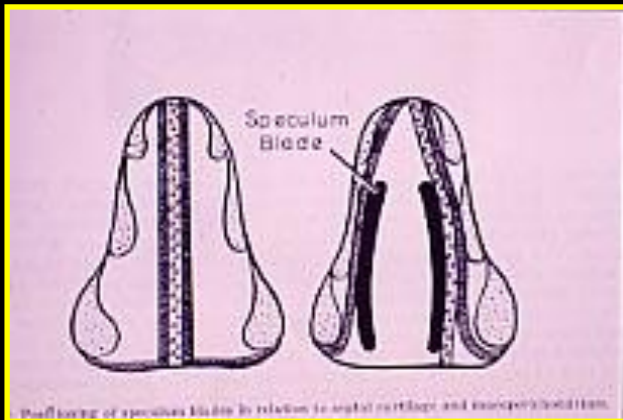
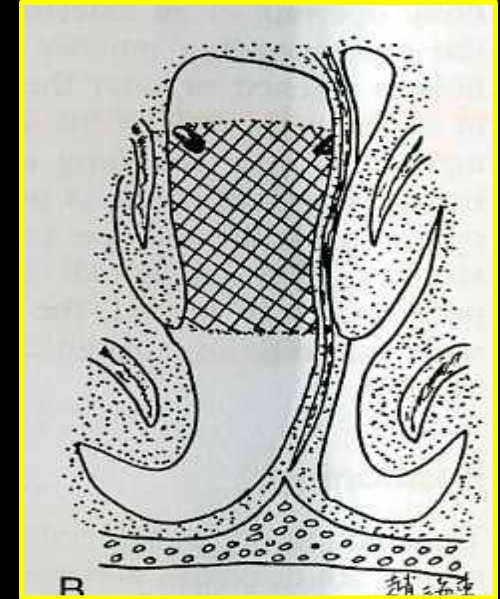
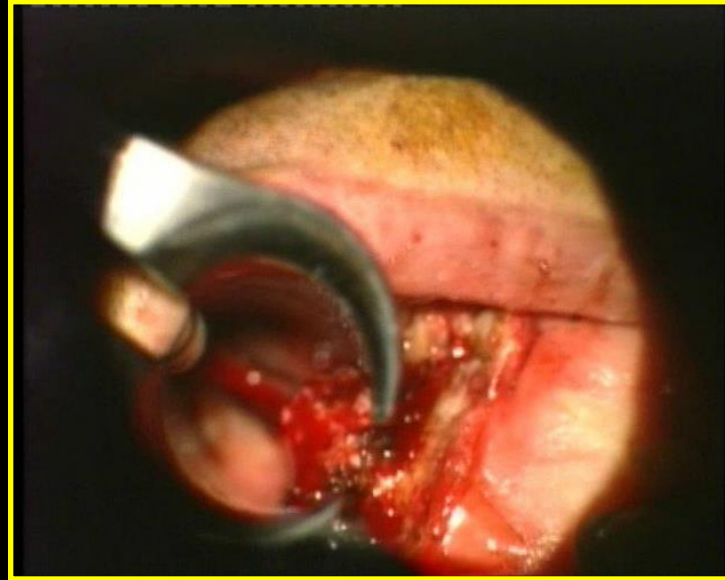
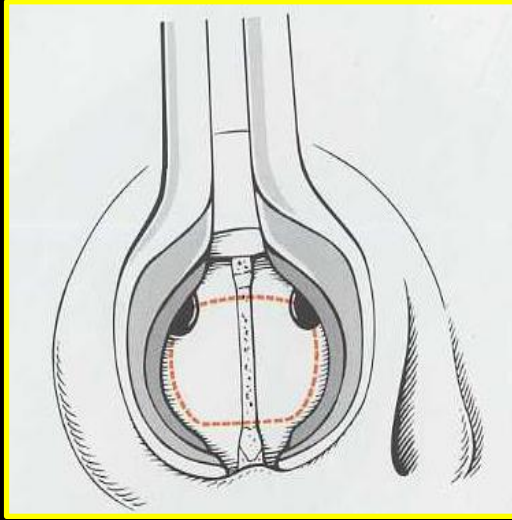


Prof. emeritus **Heinrich RUDERT, M.D.**



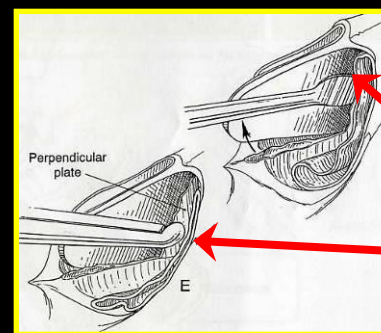
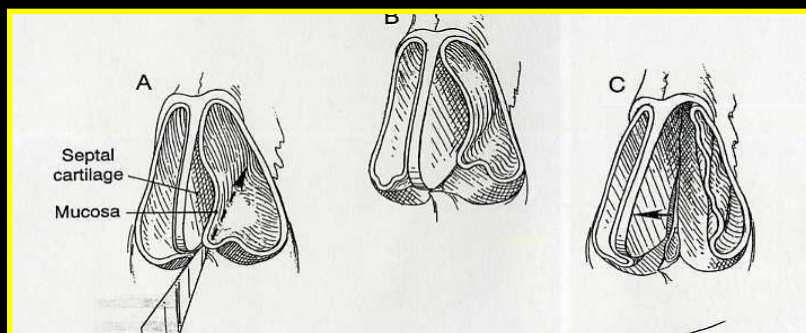
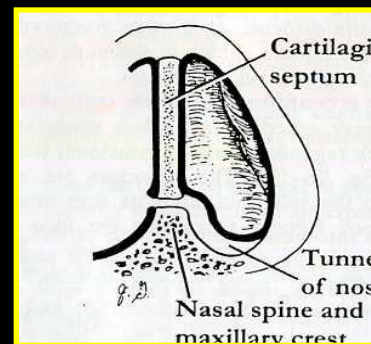
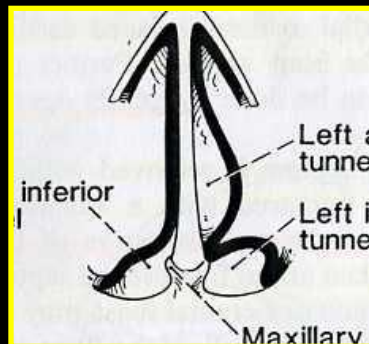
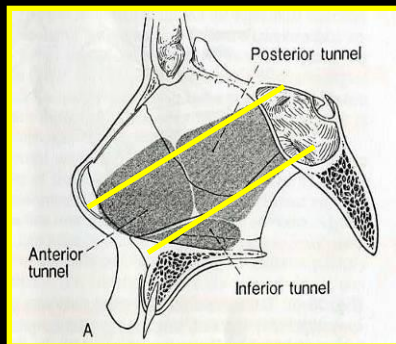


MICROSCOPIC – *Assisted* – ENDOSCOPIC – TRANSEPTAL HYPOPHYSECTOMY



Endonasal Transphenoidal Approach

PUSH OVER Technique



Performance with **one Nostril** (more convenient)

The **Cartilaginous Septum** is incised Vertically of its junction with the

Perpendicular plate of the ethmoid and

disarticulated bluntly from the bony septum and swept to contra-lateral side

- **Retraction of Connella** laterally - **Hemitransfixion** of cartilaginous septum