

1. Record Nr.	UNINA9910784030103321
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Titolo	Manual of temporal bone dissection / / M. Barbara
Pubbl/distr/stampa	The Hague, The Netherlands : , : Kugler Publications, , 2002 ©2002
ISBN	1-280-73913-4 9786610739134 90-6299-792-9
Descrizione fisica	1 online resource (vi, 70 pages) : illustrations
Disciplina	617.4/7
Soggetti	Temporal bone - Dissection Temporal bone - Surgery
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di contenuto	Contents; Foreword; Preface; Introduction; Lateral (transmastoid) approach Lateral (transmastoid) approach; Phase 1: Removal of the mastoid cortex; Phase 2: Opening of the superficial mastoid cell system; Phase 3: Opening of the deep mastoid cell system and antrotomy; Phase 4: Skeletonisation of the sigmoid sinus, opening of the retrofacial and medial tip cells, and exposure of the jugular bulb; Phase 5: Posterior and anterior epitympanectomy; Phase 6: Posterior tympanotomy (facial recess); Phase 7: Lowering of the posterior wall of the external auditory canal Phase 8: Classical radical mastoidectomy Phase 9: Opening of the petrous apex; Phase 10: Cochleostomy and cochlear visualisation; Phase 11: Identification and skeletonisation of the vertical intrapetrous tract of the internal carotid artery, jugular bulb (subfacial approach) and petrous apex; Phase 12: Facial nerve decompression (second and third portions); Phase 13: Identification of the endolymphatic sac; Phase 14: Isolation of the labyrinthine block; Phase 15: Labyrinthectomy and identification of the intraosseous endolymphatic sac and duct; Phase 16: Opening of the vestibule Phase 17: Identification of the labyrinthine segment of the facial nervePhase 18: Identification and opening of the internal auditory

canal; Supratemporal or middle fossa approach; Phase 19: Opening of the epitympanic cavity and of the petrous apex cells; Phase 20: Identification of the facial nerve and geniculate ganglion; Phase 21: Exposure of the internal auditory canal; Phase 22: Isolation of the cochlea; Posterior cranial fossa approach; Phase 23: Identification of the internal auditory canal; Abbreviations; Glossary; Surgical applications; Instrumentation

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## Sommario/riassunto

The temporal bone is an anatomical jewel box of extraordinary complexity. Both the minuscule scale of its vital structures and their convoluted three-dimensional relationships make microsurgery of this region one of the most technically demanding of all operative endeavours. Unravelling the mysteries of temporal bone anatomy is the foremost challenge faced by every otologist. The goal of achieving perfect knowledge and facility will never be achieved.

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