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Autore	Moore Charles E (Charles Earl), <1965->
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Nota di contenuto	<p>1 Preoperative Evaluation and Management from the Neurosurgical Perspective Raymond Walkup and Jeffrey J. Olson; INTRODUCTION Taking a history and doing a general physical and neurologic evaluation should be part of every skull base surgeon's training. This said, it is still reasonable to review the salient points of this activity, which can serve as a point of a departure toward obtaining information directed at a given individual's specific malady. By obtaining this information, one can best</p> <p>2 Anterior Skull Base Preoperative Evaluation from the Otolaryngologic Perspective J. Nicolas McLean and Charles E. Moore; INTRODUCTION Anatomically, the skull base can be divided into the anterior, middle, and posterior fossae. The lesser and greater wings of the sphenoid bone divide the anterior fossa from the middle fossa, and the petrous pyramid and mastoid portions of the temporal bone divide the middle and posterior fossae. The parietal and occipital lobes of the brain do not directly con</p> <p>3 Craniofacial Approach to Skull Base Lesions Jeremy N. Ciporen, Jeffrey J. Olson, and Charles E. Moore; INTRODUCTION The craniofacial approach depicted in this chapter is utilized mainly to resect neoplasms that invade the dura and/or extend intracranially from the sinuses or orbits. Less frequently, the converse situation exists in terms of site of</p>

origin and direction of invasion however, the principles of the approach remain the same. The following stepwise description will enable the surgeon

4 Petrosal Craniotomy Tomoko Tanaka, Douglas E. Mattox, and Jeffrey J. Olson; GENERAL INDICATIONS FOR PETROSAL CRANIOTOMY Petrosal craniotomy is designed for reaching lesions in and around the petrous bone by shortest distance while preserving as many normal structures as possible. It is broadly applicable and modifiable for disease involving the lateral and posterior skull base. Structures relevant to this surgical approach include the bony, neurologic, and vascular contents of the middle

5 Endoscopic Endonasal Skull Base Surgery Vladimir Dadashev, David V. LaBorde, and Costas G. Hadjipanayis INTRODUCTION One of the major challenges in transphenoidal surgery has been the adequate visualization of anatomical structures. During the past decade, endoscopic endonasal transphenoidal surgery has been progressively accepted by surgeons and patients as a minimally invasive approach permitting panoramic vision close to the surgical target with minimal trauma. The endoscope is used as a

6 Endoscopic Tumor Resection and Cerebrospinal Fluid Leak Repair Jodi D. Zuckerman and John M. DelGaudio; INTRODUCTION With the advent of endoscopic techniques in the early 1980's, the surgical approach to the skull base has gone through a dramatic transformation. Sinonasal tumors that once could only be accessed through external approaches now are accessible through an endoscopic sinonasal approach. This chapter outlines the preoperative planning and endoscopic surgical techniques for tumor

Sommario/riassunto

Pathology involving the skull base and adjacent soft tissues present a challenge to all physicians dealing with the anatomy of this region. The goal of *Skull Base Surgery: Basic Techniques* is to provide the surgeon with a descriptive, step by step, pictorial analysis of skull base surgical techniques. Emphasis is placed on the most commonly used and applicable procedures that address the majority of the pathology encountered in standard practice. This beautifully illustrated text is directed to be the most useful for individuals new to these methods, surgical trainees and mid-level
