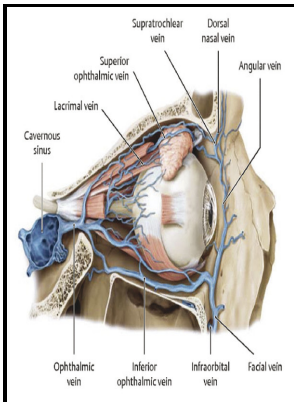


Anatomy and surgery of the cavernous sinus

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At its exit from the bone, the artery is fixed by a thick fibrous band of dura known as the lateral ring Fig. Cranial neuropathies usually improve after surgery.

Microsurgical anatomy and approaches to the cavernous sinus

Finally, the superior branch runs adjacent to and supplies the fourth cranial nerve. See Table 1 for other nomenclature.

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A number of different routes to the cavernous sinus have been described, including the subtemporal approach through the lateral wall, 6, 31, 34, 37, 44 the pterional approach through the superior wall, 14, 38 the transpetrosal-transtentorial approach through the posterior wall, 15 the contralateral pterional transsylvian approach through the medial wall, 14, 38 and the transsphenoidal approach through the inferior wall. Cadaveric photograph A and illustration B of the medial loop of the right internal carotid artery ICA demonstrate the origin of meningohypophyseal trunk and its branches. Micko AS, Wöhrer A, Wolfsberger S, Knosp E.

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Complete resection of cavernous sinus meningiomas has proven to be difficult and, in many cases, impossible without causing significant morbidity. Microsurgical anatomy of the superior orbital fissure. In this section, I have didactically divided the approaches to the cavernous sinus into those for medial and lateral intracavernous tumors.

Microsurgical anatomy and approaches to the cavernous sinus

Figure 6: This is a lateral view of the left cavernous sinus showing the relationship of the parasellar ICA and its branches in the cavernous sinus compartments.

Cavernous Sinus Surgery

Meningiomas, neurinomas, inflammatory disease Tolosa-Hunt , lymphomas, and hemangiomas are rarely handled by the transnasal route.

Anatomy and Surgery of the Cavernous Sinus

A Multidisciplinary Approach to Vascular and Tumorous Lesions. This technique involves resection of the posterior sphenoid sinus wall over the carotid protuberance toward the cavernous sinus apex ~10% of the cases.

Cavernous Sinus Surgery

The lateral aspects of the petro-clival region have been of interest to a few pioneering ENT surgeons and neurosurgeons but the cavernous sinus in most respects has remained the final unconquered summit.

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