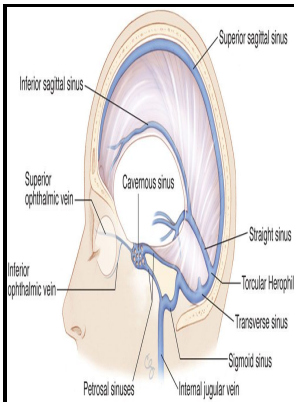


Anatomy and surgery of the cavernous sinus

Springer-Verlag - Microsurgical anatomy and approaches to the cavernous sinus



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Microsurgical Anatomy of the Cavernous Sinus

In certain occlusions of the cervical carotid artery, the antegrade progression of the thrombus may be prevented and the patency of the intrapetrous segment of the ICA may be maintained by retrograde anastomotic flow through the branches in this region. CN III — oculomotor nerve; CN IV — trochlear nerve; CN VI — abducens nerve; Inf.

Microsurgical anatomy and approaches to the cavernous sinus

This pioneering work renewed interest in the surgical management of cavernous sinus lesions. With special reference to the nerves related to it. Branches of the Intracavernous ICA The origin and course of the branches of the intracavernous portion of the ICA exhibit considerable variations.

Anatomy and Surgery of the Cavernous Sinus

Both the foramen ovale and foramen spinosum are anterolateral to where the horizontal intrapetrous ICA exits from the carotid canal. The microscopic anatomy of the cavernous sinus was therefore examined in 10 dissections 5 in cadaveric specimens.

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Soft tumor components are removed, while firm tumors are usually left in place in order to avoid unintended neurovascular injury.

Anatomy and Surgery of the Cavernous Sinus

They are usually soft tumors and barely infiltrate the internal carotid artery ICA. This area of the lateral wall is quite thin and transparent and is therefore easily recognized as the triangular space defined by Parkinson. Figure 2: Top photograph: the middle clinoid process Middle Clin.

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The rate of invasion is significantly different — from 26. The ophthalmic artery originates superomedially, whereas the superior hypophyseal artery

exits more inferomedially. When reaching the posterior wall of the sphenoid sinus, bone removal extends over the medial aspects of both cavernous sinuses for the standard endoscopic approach.

Cavernous Sinus Surgery

A recent meta-analysis revealed a higher prevalence of cavernous sinus invasion on radiographic criteria than suggested by intraoperative inspection for pituitary adenomas 43% vs. Ceylan S, Koc K, Anik I. Further bone drilling over the tuberculum sella and the posterior portion of the planum sphenoidale is required for handling large and giant pituitary adenomas with significant suprasellar extension extended approach.

Microsurgical anatomy and approaches to the cavernous sinus

These authors noted that the inner layer includes the sheaths that surround the cranial nerves after they penetrate the sinus wall.

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