

# Editorial

For majority of the rhinologists' worldwide, the most important historic event in the field of rhinology would be when Hirschmann in 1901 used a modified Nitze cystoscope to inspect the maxillary sinus. This was not merely because it provided a means of direct visualization of the unknown interiors of the nose, because the concept of rhinoscopy dates back to the Egyptian physicians who used instruments to remove the brain through the nose, as part of the mummification process and in sixth century BC, when Indian physician Sushruta in his famous treatise 'Sushruta-samhita' described a tubular nasal speculum, made of Bamboo tree to inspect nasal cavities. The major boon in gave was that it paved way for the concept of functional endoscopic sinus surgery which revolutionized the concepts of understanding and treatment of sinus disease. The concepts later evolved from endoscopic sinus surgery to functional endoscopic sinus surgery to minimally invasive sinus surgery to biostatic endoscopic sinus surgery and what next. But this was not all. The endoscope opened the frontiers to a variety of procedures to approach area beyond the sinuses, which we collectively call the extended FESS.



In 1921, surgeries to access the frontal and ethmoid sinuses were also described by Lynch in New Orleans. In 1948, Harold Hopkins invented Hopkins rods and, in 1954, Storz Fiberoptic Company developed the optic fiber endoscopes which further provided a leap in the evolution of rhinology. Walter Messerklinger from Austria used endoscopes to understand about the aeration of the anterior ethmoidal cells, which was key to understanding drainage and aeration of paranasal sinuses as well as the anatomy of the lateral wall of the nose and its mucociliary clearance. David Kennedy, Heinz Stammberger and Wolfgang Draf were major popularized for the use of modern endoscopy in nasosinusual surgeries. Even though, In 1912, Harvey Cushing started the trans-sphenoidal approach in neurosurgery, in 1970, Gerard Guiot along with Bushe and Halves was the first to use endoscopy for a trans-sphenoidal approach to access pituitary lesions in neurosurgery. First endoscopic CSF rhinorrhea repair was in 1981 by Wigand. In 1989, the first endoscopic dacryocystorhinostomy was published by McDonogh and Meiring. In 1990, Kennedy described the first endoscopically assisted orbital decompression in patients with Graves' ophthalmopathy. In 2007, Cavallo et al most notably illustrated the extensive view of the ventral brainstem available through an endoscopic endonasal transclival approach.

Neither Nitze nor Hirschmann could have comprehended the inherent potential the instrument they were using in the early 1900. But the fallacies do not end here. Recently, a lot of debate is going on whether sinusitis is really a surgically treatable disease. Are we trying to find a surgical cure for a medically treatable disease? In other words, is endoscopic sinus surgery going to be put behind the archives of history? Let the discussions continue, but its extended applications are definitely here to stay.

**Ashok K Gupta**

MS DLO FAMS FICS

Professor and Head

Department of Otolaryngology and

Head and Neck Surgery (Unit II)

Postgraduate Institute of

Medical Education and Research

Chandigarh, India

**Editor-in-Chief**