

# Editorial

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Rhinology is among the fastest developing subspecialties of otolaryngology. The endoscopic approach has in many places taken precedence over the external approach. A very notable example is in the case of olfactory esthesioneuroblastoma whereover the years more and more people are opting for endoscopic approach because of lesser morbidity and almost equally good results. A paper presented at a triologic society meeting at USA emphasized that endoscopic approach will be the future for esthesioneuroblastoma, if the long-term results are as good as external.



With the advent of Image-Guided Navigation System, the endoscopic approaches to skull base have become more meticulous and safe. The rhinologists now can deal with the recurrent pathology and extensive diseases more efficiently and with minimal morbidity.

For otolaryngologists or head and neck surgeons training in the era of endoscopic sinus surgery, acquisition of endoscopic skills should occur in conjunction with training in external approaches to skull base. Endonasal skull base procedures are categorized into five levels based on their technical difficulty, potential risk to neural and vascular structures, extent of intracranial dissection, and type of pathology.

I am a strong proponent of team approach with the participation of multiple specialties. Working as a team builds the necessary skills for more advanced endonasal procedures and promotes cross-fertilization of ideas. Both surgeons and patients benefit from the combined expertise of these specialties.

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