Editorial

After the introduction of endoscope in 1960s, there have been several major developments made in the sinonasal surgery. Earlier the principle was to remove the entire sinus mucosa but with the advent of endoscope and functional endoscopic sinus surgery, theory of preserving the normal mucosa and opening the natural pathways to sinuses got popularized. In the past decade, rapid advancement has taken place in the field of endoscopic nasal surgery by extending applications from sinuses to skull base, pituitary, suprasellar lesions, optic nerve, cavernous sinus, clivus, and laterally to infratemporal fossa and petrous apex. This evolution is attributed to better understanding of endoscopic anatomy and new surgical techniques.

Journey of endoscopic nasal surgery has come a long way starting from diseases and tumors of the nose and paranasal sinuses, dacryocystorhinostomy to various skull base pathologies.

Although endoscopy has revolutionized management of skull base pathologies, they continue to be a surgical challenge. The transition from external approaches to the endonasal route has not been without controversy. A thorough knowledge of endoscopic anatomy and understanding of new surgical techniques is critical.

Skull base pathologies include lesions involving cribriform plate like esthesioneuroblastoma, melanoma, meningioma, bony defects and meningoencephaloceles, melanoma, and many others. Amongst all these, most of the work has been published on esthesioneuroblastoma and cerebrospinal fluid rhinorrhea. Endoscopic resection accounts for many advantages like shorter surgical time, less collateral damage, better handling of tumor by precisely localizing it, faster recovery, low morbidity, and better cosmesis. Further, parasellar lesions like meningiomas, pituitary macroadenomas, and craniopharyngiomas are accessed by endoscopic transnasal transsphenoidal route, which is efficacious and safe, gives a panoramic view as compared to microscope, making it a preferred method of resection.

Clival lesions are also easily approached transsphenoidally. The results till date are promising with less postoperative complications as compared with other approaches.

Similarly, pterygopalatine fossa, infratemporal fossa, and petrous apex lesions can also be approached endoscopically through transnasal route. So, endoscopic skull base surgery has tremendous potential and still has a long way to go. Recent technologies like image-guided navigation systems, robotics are trying to further evolve this field with continuous advancements in surgical techniques and promise a better future.

Although most of the articles in our issues favor endoscopic surgery, the most important thing that everyone should keep in mind is, whatever approach one may choose , it should not alter the oncological principles. Ultimately, treating the disease should be the goal and the least morbid approach that is able to achieve the oncological goal should be used.

So, all the budding and established surgeons should remember that we must try to choose befitting approach for the patient rather than fitting the approach to patient. Whether open, endoscopic, or combined, it should be able to benefit the patient in the best possible way.

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