



Local Pedicled Nasal Flaps For Endoscopic Reconstruction Of Skull Base Defects

Essay

BY

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List of Abbreviations

<i>ASB</i>	:	Anterior skull base.
<i>APITF</i>	:	Anteriorly Based Pedicled Inferior Turbinate Flap.
<i>BAS</i>	:	Bipedicled Anterior Septal Flap.
<i>CFR</i>	:	Craniofacial Resection.
<i>C-H flap</i>	:	Posterior pedicle lateral nasal wall flap, Carrau-Hadad flap.
<i>CPA</i>	:	Cerebello pontine Angle.
<i>CSF</i>	:	Cerebrospinal fluid.
<i>CT</i>	:	Computerized tomography.
<i>EEAs</i>	:	Endoscopic Endonasal Approaches.
<i>ELD</i>	:	External lumbar drain.
<i>ESB</i>	:	Endoscopic skull base.
<i>ESS</i>	:	Endoscopic sinus surgery.
<i>FD</i>	:	Fibro-osseous Dysplasia.
<i>HBF</i>	:	Hadad Bassagasteguy flap. Nasoseptal flap.
<i>HB2 flap</i>	:	Anterior Pedicle Lateral Nasal Wall Flap (Hadad - Bassagaisteguy 2 flap).
<i>ICA</i>	:	Internal Carotid Artery.
<i>ICP</i>	:	Intracranial Pressure.
<i>ITA</i>	:	Inferior Turbinate Artery.
<i>LNA</i>	:	Lateral Nasal Artery.

<i>MRI</i>	:	<i>Magnetic Resonance Imaging</i>
<i>MTF</i>	:	Posteriorly Based Middle Turbinate Flap.
<i>MFD</i>	:	Midfacial Degloving Approach.
<i>NHL</i>	:	Non-Hodgkin's lymphoma.
<i>NLD</i>	:	Nasolacrimal Duct.
<i>NPA</i>	:	Nasopalatine Artery.
<i>NSF</i>	:	Naso-Septal Flap.
<i>PLNA</i>	:	Posterior lateral nasal artery.
<i>PMT</i>	:	The point of maximal tension.
<i>PF</i>	:	Palatal flap.
<i>PPF</i>	:	Pterygopalatine Fossa.
<i>PPITF</i>	:	Posteriorly pedicled Inferior turbinate flap.
<i>RFFF</i>	:	Radial Forearm Free Flap.
<i>SLA</i>	:	Superior Labial Artery.
<i>SNUC</i>	:	Sinonasal undifferentiated carcinoma.
<i>SPA</i>	:	Sphenopalatine Artery.
<i>SPF</i>	:	Sphenopalatine Foramen .
<i>SSS</i>	:	Superior Sagittal Sinus.
<i>TER</i>	:	Transnasal Endoscopic Resection.
<i>TPFF</i>	:	Temporoparietal Fascia Flap.

INTRODUCTION

Over the past decade, endoscopic surgery has become the workhorse for treating inflammatory diseases and neoplasm involving the paranasal sinuses and skull base. The expanded endonasal approach (EEA) and its modifications provide access to the entire skull base, from the frontal sinus to the cervical spine via the two nostrils .By EEA, extradural and intradural tumors can be resected endoscopically in a single procedure. Despite the technical reproducibility of the EEA, a major downside of this approach has been the limited ability to reconstruct large dural defects. Failure to achieve adequate reconstruction can lead to cerebrospinal fluid (CSF) leak, pneumocephalus, and meningitis (*Gil and Margalit, 2012*).

In recent years, indications for endonasal endoscopic approaches have continued to grow because of a better anatomic understanding of the endoscopic anatomy of the skull base. The endoscopic approach can be extended towards different areas of the surrounding skull base, such as the anterior cranial fossa, orbit, clivus, petrous bone, cavernous sinus and pterygopalatine fossa (*Simal Julián et al., 2011*).