

# Editorial

## RHINOLOGY AND SKULL BASE SURGERY—A DYNAMIC SUBSPECIALTY

Rhinology has seen an unprecedented boom in last 20 years. The last two decades have revolutionized the approach to this field. It has emerged as a dynamic sub-specialty with many facets. 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. This advancement has opened outlook of rhinology to make it a multidisciplinary interface and a corridor linking otolaryngologists, neurosurgeons, allergy specialists, pulmonologists, surgical and medical oncologists.



Endoscopy has revolutionised management of skull base pathologies, but they still continue to be a surgical challenge. A thorough knowledge of endoscopic anatomy and understanding of new surgical techniques is critical.

Skull base pathologies include lesions involving cribriform plate like esthesioneuroblastoma, meningioma, bony defects and meningoencephaloceles, melanoma and many others. Amongst all these, most of the work has been published on esthesioneuroblastoma. Endoscopic resection accounts for many advantages like shorter surgical time, less collateral damage, better handling of tumour by precisely localising it, faster recovery, low morbidity and better cosmesis.

With the advent of newer technologies, like image-guided navigation and computer assisted surgery; the areas that were untouched like intra-orbital lesions, lateral lesions of frontal sinus, pituitary, clival lesions and other lesions with intracranial extension, can be dealt endoscopically. The horizon of rhinology and skull base surgery has been widened. This evolution is remarkable. Furthermore, parasellar lesions like meningiomas, pituitary macroadenomas, 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. In the same way, pterygopalatine fossa, infratemporal fossa and petrous apex lesions can also be approached endoscopically through transnasal route.

Thus, 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.

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.

One should always strive and keep on exploring the impossible tasks, without fear and with utmost alertness, then only a new discovery, a new path is revealed, which changes the entire course and that's how history is made.

And lastly, remember

*“Logic will get you from A to B. Imagination will take you everywhere”*

**Albert Einstein**

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