

# Pediatric Endoscopic Endonasal Skull Base Surgery: A Comprehensive Guide

Pediatric endoscopic endonasal skull base surgery (PEESBS) is a minimally invasive surgical technique that allows surgeons to access and treat lesions at the skull base through the nasal cavity. This approach has revolutionized the management of skull base lesions in children, providing improved outcomes and reduced morbidity compared to traditional open surgical approaches.



## Pediatric Endoscopic Endonasal Skull Base Surgery

by Mikhail Bulgakov

★★★★★ 5 out of 5

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## Advantages of PEESBS

PEESBS offers several advantages over traditional open surgery, including:

- **Less invasive:** PEESBS is performed through the nasal cavity, eliminating the need for large incisions or tissue dissection.

- **Reduced morbidity:** The minimally invasive nature of PEESBS results in less pain, shorter hospital stays, and a faster recovery.
- **Improved visualization:** Endoscopic visualization provides a magnified and detailed view of the surgical field, allowing for more precise dissection and tumor removal.
- **Shorter learning curve:** The endoscopic approach is technically demanding, but surgeons can achieve proficiency with relatively fewer cases compared to open surgery.

## Indications for PEESBS

PEESBS is indicated for a wide range of skull base lesions in children, including:

- **Pituitary adenomas:** Non-cancerous tumors of the pituitary gland.
- **Craniopharyngiomas:** Benign tumors that arise from remnants of the pituitary gland.
- **Rathke's cleft cysts:** Fluid-filled cysts that develop in the pituitary gland.
- **Meningiomas:** Tumors that arise from the meninges, the membranes that cover the brain and spinal cord.
- **Nasopharyngeal carcinomas:** Cancers that arise in the nasopharynx, the area behind the nose.

## Surgical Technique

PEESBS is typically performed under general anesthesia. The surgeon uses a nasal endoscope, a thin, flexible tube with a camera on the tip, to visualize the surgical field. The endoscope is inserted through the nostril and guided to the skull base.

Once the surgical field is visualized, the surgeon uses a variety of endoscopic instruments to dissect the tumor or lesion and remove it. These instruments include forceps, scissors, and suction devices.

The extent of the surgery depends on the size and location of the lesion. In some cases, the surgeon may need to remove a portion of the skull bone to access the lesion.

## **Postoperative Care**

After surgery, patients are typically monitored in the hospital for a few days. During this time, they may experience some nasal congestion, pain, and swelling. These symptoms usually improve within a few weeks.

Patients should follow their surgeon's instructions for postoperative care, which may include:

- Avoiding strenuous activity
- Using nasal saline irrigation to keep the nasal passages clean
- Taking pain medication as needed

## **Outcomes**

PEESBS has been shown to be a safe and effective treatment for a variety of skull base lesions in children. Studies have reported high rates of tumor removal and low rates of complications.

The long-term outcomes of PEESBS are generally good. Most patients are able to return to their normal activities within a few weeks of surgery.

PEESBS is a minimally invasive surgical technique that provides a safe and effective treatment for a variety of skull base lesions in children. This approach offers several advantages over traditional open surgery, including reduced morbidity, improved visualization, and a shorter learning curve.

This comprehensive guide provides a detailed overview of PEESBS, including its indications, surgical technique, postoperative care, and outcomes. This information is essential for surgeons who are considering using PEESBS to treat skull base lesions in children.

## **References**

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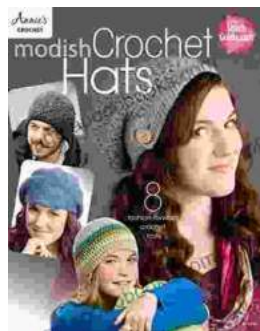
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