

Fig. 7

The sphenoid sinus lies superomedial to the base of the pterygoid. More drilling of the base of the greater wing of the sphenoid exposes the maxillary nerve (V2) and its entrance into the foramen rotundum to gain access to the pterygopalatine fossa. The base of the pterygoid lies immediately in front of the foramen ovale.

The lateral pterygoid muscle originates from the lateral surface of the great wing of the sphenoid and the lateral surface of the lateral pterygoid lamina. The medial pterygoid originates from the pterygoid fossa, between the two pterygoid laminae, and from the medial surface of the lateral lamina (Figs. 9 and 10). Separation of the two muscle and further resection of them is essential for complete exposure of the structures in this area.

Indications

Tumors of the infratemporal fossa and peritubal areas such as cylindroma, adenoid cystic carcinoma, etc. Persistent or recurrent nasopharyngeal carcinoma, post irradiation. Juvenile nasopharyngeal angiofibroma involving the pterygopalatine and infratemporal fossae. Tumors of the infratemporal fossa involving the parasellar area, such as extensive clival chordomas.

Surgical steps

The initial steps of the type B infratemporal fossa approach are performed. The internal carotid artery is exposed over its vertical and horizontal segments. The bony segment of the Eustachian tube is drilled and the isthmus is identified. Using a septal raspatory, the periosteum of the base of the pterygoid, the greater wing of the sphenoid, and the lateral lamina of the pterygoid process are elevated together with the attachment of the lateral pterygoid muscle. The base of the pterygoid is drilled. The vidian nerve, which is formed by the junction of the greater superficial petrosal and the deep

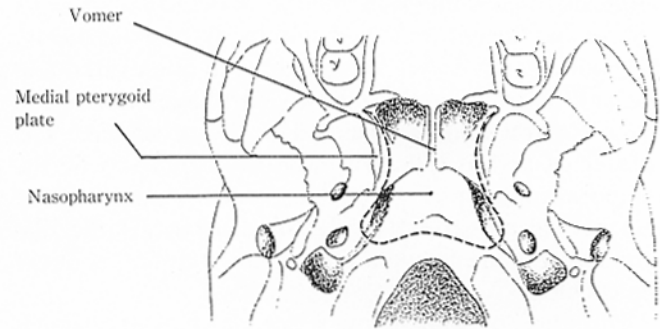


Fig. 8

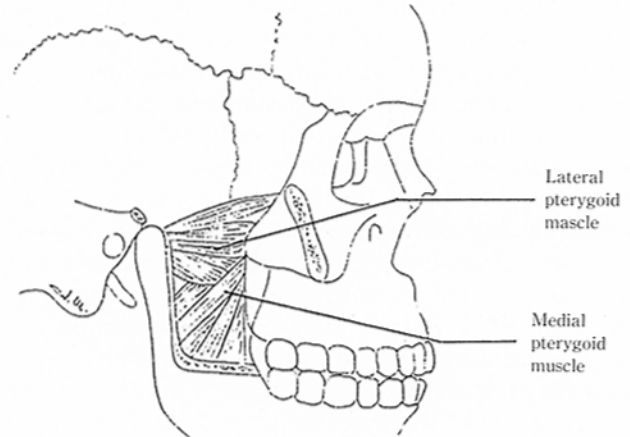


Fig. 9

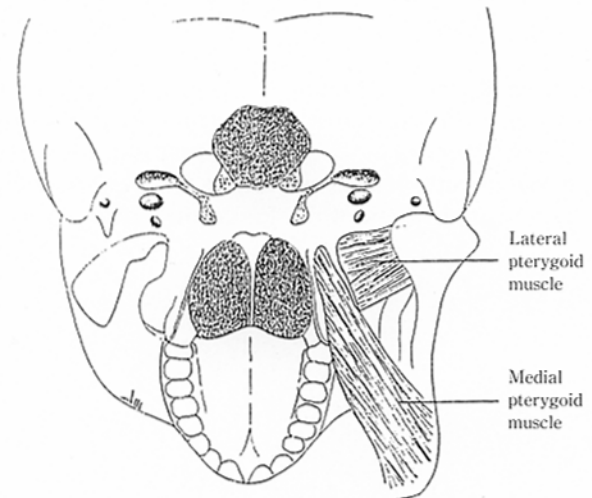


Fig. 10

petrosal nerve, can be identified. The sphenoid mucosa is also seen. Depending on the type and the site of the lesion, the subsequent steps vary.

In nasopharyngeal or peritubal tumors: The pterygoid muscles are cut near their insertion. The Eustachian tube can be followed inferomedially to its pharyngeal opening, cutting its attachments to the skull