

Editor's Speak

(The Lateral Skull Base)

This is the first of several issues dedicated to skull base surgery. Due to the enormous complexity and variations in the management of pathologies related to this anatomical region, it would be impossible to include all its aspects in a single issue. In this age of minimal access surgery and day-care surgery, we have made progress by leaps and bounds where surgery of the skull base is concerned. Yet, this has also served to help us to understand that though newer techniques are available, the older, external approaches are indeed here to stay! Today, more than ever, those who deal with lesions in this complex region understand that endoscopy and external approaches go hand-in-hand, and are complimentary to each other and not necessarily supplementary. The skull base surgeon over the years has realised that the importance of using the appropriate approach to this delicate region with the final aim of good surgical outcome being kept in mind.

This is one field which encourages the true concept of “team-work” with the ENT surgeon and the neurosurgeon working in complete understanding with each other. Advances in research and technology have most definitely made surgery in this region easier than ever before, however, there is no replacement for expertise which can be gained only by experience and hard-work. We, in our department, hold annual skull base surgery training workshops with cadaveric dissection for consultants where we encourage a “team” of one ENT surgeon with his/her neurosurgery colleague to register; the idea being to develop a comfort level with one another and also to cross boundaries together.

A lot of debate has been generated over the process of ‘decision making’ over the past few decades the world over and this continues to date. Probably, due to skull base falling within the purview of numerous faculties, and the variations in the training imparted in these fields, the decision today probably depends upon the training of the surgeon and their surgical comfort. This would obviously keep in mind the fact that whatever techniques applied, advancement in the field can probably be judged by only one common factor—a decrease in morbidity; in short, whatever works!



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