

Guest Editorial

It is indeed a pleasure to be the guest editor for an issue highlighting one of the most complex areas in our surgical domain that is pterygopalatine fossa and infratemporal fossa.

Since the early days it was always a mystery for an ENT and head and neck surgeon to imagine structures and its relations in pterygopalatine fossa and infratemporal fossa. I remember the early lectures on submentovertical and basal skull views of skull to look for Beklesey lines A, B and C and each representing specific anatomical structure and breach of any one would tell us about the erosion of that wall and tumor spread.

Now with multiplanar CT scanners, it is very easy and accurate to see the exact extent and type of tumor you are dealing with. Injecting contrast makes life much easier; moreover guided aspiration biopsies tell us the histology. Surgeons started excising the tumors with approaches like lateral rhinotomy, medial maxillotomy, maxillary swing, mandibular swing and Le Fort I osteotomies. Each approach has its own advantages and drawbacks. One of the most important concerns was proper exposure and complete excision in each case especially in vascular lesions like juvenile nasopharyngeal angiofibroma (JNA). Now, we can have subtraction angiography followed by vascular embolizations to get a bloodless field.

Then, we were facing problems about occlusion, skin incision, scar and some of those cosmetic concerns. We started exploring whether we could venture endoscopically and now I think majority of us have started excising inverting papilloma, angiofibroma and some osseous lesions endoscopically. We also see our friends practicing surgical oncology even do complete maxilloethmoid sphenoid tumor excision endoscopically there by reducing morbidity and hospital stay at the same time not compromising on surgical clearance. However, a good set of expensive gadgets like a fine saw, powered instruments, and high speed drills with angled reaches are mandatory in the operation setup.

I am happy to present few selected articles from various authorities and I am sure it will stimulate our young dynamic junior colleagues to show us a new direction toward a more satisfactory surgical outcome.



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