Endoscopic Transnasal Transmaxillary Approach To Orbital Apex Through The Meningo-Orbital Band: A Cadaveric Feasibility Study

Current study provides detailed endonasal anatomy of the upper limit of the endonasal approach to middle cranial fossa and adds to better endonasal 360‐degree exposure of the orbital apex and in particular the superior orbital fissure. The middle cranial fossa dura was mobilized at V1 and the meningo‐orbital band from the cavernous sinus apex and medial compartment of superior orbital fissure. Further mobilization of middle cranial fossa was achieved at V2 and V3 from the lateral wall of the cavernous sinus and middle cranial fossa base.

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