Joint European diploma of endoscopic skull base surgery

- Starting December 2023 (End of registration October 15th)
- Course language: English
- Course directors
  - Paolo CASTELNUOVO, Philippe HERMAN, Piero NICOLAI
  - Paolo BATTAGLIA, Damien BRESSON, Marco FERRARI, Benjamin VERILLAUD
- Faculty
  - H Adle-Biassette, A Arosio, F Chatelet, M Classe, F Doglietto, JP Guichard, A Karligkiotis, A Lambertoni, D Locatelli, D Lombardi , R Maroldi, D Mattavelli, A Pistochini, F Pozzi, V Rampinelli, A Schreiber, S Taboni, M Turri-Zanoni, L Volpi
- Three hands-on sessions in Paris
  - 2 days hands-on on frozen specimen / 1 day lectures
  - 2023 dec 18-20th, 2024 Febr 19-21st, 2024 May 13-15th
- A fellowship in two different departments
- Registration fees due to University of Paris Cité:
  - Resident / MD of more than 2 yrs / paid by the employer
- Information and Preregistration: philippe.herman099@gmail.com

Endoscopic transnasal skull base surgery. Indications. Techniques. Limits.

For each approach, indications will be discussed, as well as alternatives, either surgical or non surgical.

Each procedure will be taught in detail in order to be performed by the student during dissection.

Hints and Pitfalls will be pointed out.

Evaluation will be based on dissection

100 hours of lectures and training program

Three seminars = 72 hrs:

Dissection with lectures: two days (16 hrs)

Lectures: one day (8 hrs)

A fellowship of two days in two different departments (32 hrs)

FIRST SESSION – Anterior Skull Base

- Paranasal sinus and anterior skull base anatomy with special reference to vascular anatomy
- Imaging for paranasal sinus and anterior skull base diseases and approaches – what do surgeons need from their radiologists?
- Pathology of the paranasal sinuses and anterior cranial base lesions
- Surgical technique: sphenoethmoidectomy
- Surgical technique: frontal sinus drill out
- Surgical technique: centripetal resection
- Surgical technique: cranioendoscopic resection
- Surgical technique: anterior skull base reconstruction, including nasoseptal flap and other local flaps for anterior cranial base
- Phlogistic diseases: indications and outcomes
- Malformations and skull base defects (mc-mec): indications and outcomes
- Benign tumors: indications and outcomes
- Malignant tumors: indications and outcomes
- Meningiomas and other anterior cranial lesions: indications and outcomes
- Complications and management in anterior cranial base surgery
- Endovascular management of massive bleeding
- CLINICAL CASES CORNER

SECOND SESSION - Ventral Skull Base

- Pathology of ventral cranial base lesions
- Surgical technique: paraseptal and trans-ethmoidal trans-sphenoidal approach to sel region
- Surgical technique: transclival
- Endoscopic anatomy for ventral posterior skull base approaches, from tuberculum sellae to odontoid
- Imaging for midline ventral skull base diseases and approaches – what do surgeons need from their radiologists?
- Surgical technique: transplanum-transtuberculum
- Surgical technique: transodontoid
- Surgical technique: transethmoido-pterygoidal approaches
- Surgical technique: ventral skull base reconstruction, including nasoseptal flap and other local flaps for ventral cranial base
- Sellar and parasellar adenomas: indications and outcomes
- Craniopharyngiomas: indications and outcomes
- Meningiomas and other anterior cranial lesions: indications and outcomes
- Planum and tuberculum sellae meningiomas: indications and outcomes
- Chordomas: indications and outcomes
- C1-C2 diseases: indications and outcomes
- Complications and management in ventral cranial base surgery
- CLINICAL CASES CORNER

THIRD SESSION – Lateral skull Base

- Orbital anatomy in relationship with skull base approaches
- Endoscopic endonasal anatomy of infratemporal fossa and upper parapharyngeal space
- Imaging for orbital diseases and approaches – what do surgeons need from their radiologists?
- Imaging for infratemporal fossa and upper parapharyngeal space diseases and approaches – what do surgeons need from their radiologists?
- Pathology of orbital and infratemporal fossa lesions
- Surgical technique: approaches for orbital and optic canal decompression
- Surgical technique: transanasal endoscopic approach to medial orbital spaces
- Surgical technique: transorbital approaches to anterior and middle cranial fossa
- Surgical technique: transnasal transantral infratemporal approaches
- Surgical technique: temporoparietal fascia flap
- Medial intraorbital lesions: indications and outcomes
- Lateral intraorbital lesions: indications and outcomes
- Spheno-orbital meningiomas: indications and outcomes
- Infratemporal benign non-vascular lesions: indications and outcomes
- ITF JNAs: indications and outcomes
- Infratemporal and parapharyngeal malignant lesions: indications and outcomes
- NER
- Complications and management in orbital and transorbital surgery
- Complications and management in infratemporal fossa and upper parapharyngeal space surgery
- CLINICAL CASES CORNER