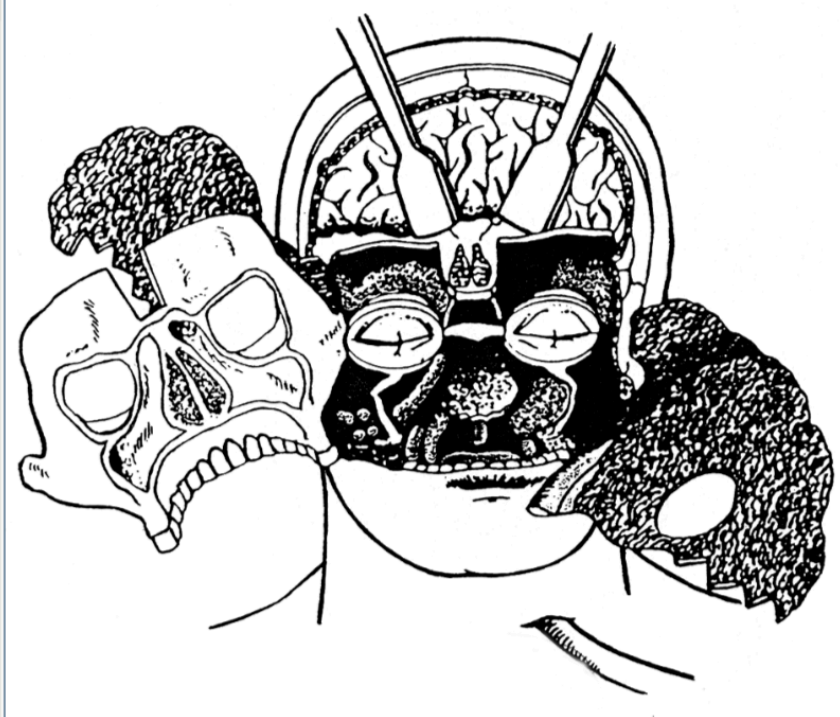


**OPEN TRANS-FACIAL-SKULL BASE SURGERY OR CLOSED ENDOSCOPIC SURGERY?**

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**(No conflict of interest)**



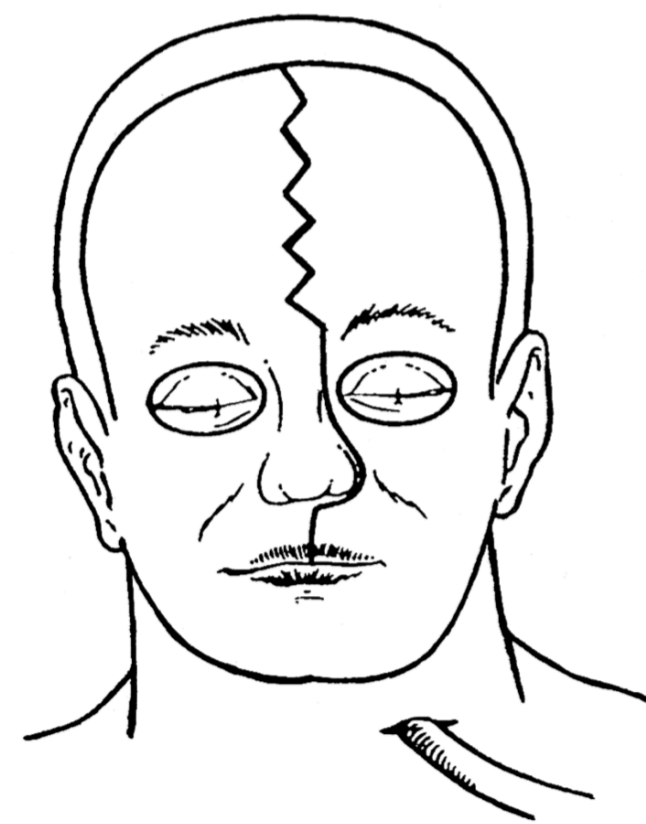
**Figura 6.** La región craneofacial completa y el bloque alveolo-maxilar-dental es desplazado.

**Figure 6.** The complete craniofacial region and the alveolar-maxillary-dental block is moved.

**Background**

*Lately we observe how endoscopic techniques claim amongst their advantages the lack of external scars, which may look understandable.*

*However, for an experience professional, there is a decision between an open surgery or and endoscopic surgery provided the surgery process and the post-surgery period for the patient.*



**Figura 5.** Líneas de incisión cutáneas.

**Figure 5.** Cutaneous incision lines.

**Aims/Objectives**

*We are therefore reflecting about the need to generate an open debate about the benefits of a closed-endoscopic-technique in comparison with an open surgery, which may leave often only small scars.*

**Methods**

*Daily we observe that endoscopic process require a higher level of elimination of structural parts in comparison with an open surgery. The open surgeries could be more conservative from a structural point of view and therefore imply less risk throughout the entire process for the patient. Within a context of an oncological surgery, a closed endoscopic technique will force the surgeon to search with great difficulty the limits of the malign tumor. That may damage internal structures with important functions increasing and complicating the recovery process of the patient. In other specializations, a closed endoscopic technique may also require the division of the tumor to eliminate it.*

**Results/Findings**

*We believe there is a proven need for an enlarged study that will consider the advantages and disadvantages of each technique for each case.*

**Conclusions**

*We propose to create a cross-specialization-approach to assess the convenience of an open or a closed technique. Their adequacy could be assessed with a comparison, for similar pathology surgeries, of structural damages before the procedures and post-operative through MR or CT.*

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