Supplemental material

Combined endoscopic endonasal and sublabial transmaxillary approach for resection of giant infratemporal fossa schwannoma with intracranial extension: operative video and technical nuances

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FIG. 1. Preoperative postgadolinium T1-weighted MRI coronal (A and B) and axial (C) views demonstrating a giant right infratemporal fossa schwannoma with intracranial extension. A combined endoscopic endonasal and sublabial transmaxillary approach was performed and a gross-total resection was achieved. Postoperative postgadolinium T1-weighted MRI coronal (D and E) and axial (F) views at 6 months after surgery showing complete resection without evidence of residual tumor or recurrence.

FIG. 2. A: Schematic diagram showing the operative corridors of the endoscopic endonasal and Caldwell-Luc corridors on an enhanced axial CT scan of the giant infratemporal fossa tumor. B: Three-dimensional CT of the skull shows the multiportal, multicorridor concept using the sublabial transmaxillary and binostril endonasal corridors.