



### Monday 16th September 2024

LECTURES	SPEAKER / MAIN TUTOR
08:00 – 08:45	Anatomy of the Lateral Skull Base Dr. Wenlong Tang
08:45 - 09:00	New Center of Gruppo Otologico in Shenzhen Dr. Wenlong Tang, Arch. Vittorio Sanna
09:00 – 09:40	Why Vestibular Neurotology should be the first in Skull Base Surgery? Dr. J. Magnan
09:40 – 09:45	<b>COFFEE BREAK</b>
09:45 – 10:15	Videotape: Skull Base Surgical Anatomy
10:15 – 14:00	Live Surgery: Gruppo Otologico Cases Presentation Dr. V. Di Rubbo Dr. C. Kihlgren Dr. G. Fancello
14:00 – 14:30	<b>LUNCH BREAK</b>
14:30 – 15:00	From Otoscopy to Surgery Retrotympanic mass Dr. A. Caruso
15:00 – 15:30	How to have the best drilling experience - Bien Air
15:30 – 19:30	<b>DISSECTION LABORATORY</b>

### Tuesday 17th September 2024

LECTURES	SPEAKER / MAIN TUTOR
08:00 – 09:00	Temporal Bone Paraganglioma Dr. M. Sanna
09:00 – 09:30	<b>COFFEE BREAK</b>
09:30 – 13:30	LIVE SURGERY: Gruppo Otologico Cases Presentation Dr. V. Di Rubbo Dr. C. Kihlgren Dr. G. Fancello
13:30 – 14:00	<b>LUNCH BREAK</b>
14:00 – 14:30	<b>DISSECTION LABORATORY</b>
14:30 – 19:00	<b>DISSECTION LABORATORY</b>

## Wednesday 18th September 2024

## Thursday 19th September 2024

	LECTURES	SPEAKER / MAIN TUTOR		LECTURES	SPEAKER / MAIN TUTOR
08:00 – 08:30	Management of Petrous Bone Cholesteatoma	Dr. E. Piccirillo	08:00 – 08:45	Petrous Bone Carcinoma	Dr. G. Piras
08:30 – 08:45	<b>COFFEE BREAK</b>		08:45 - 09:00	<b>COFFEE BREAK</b>	
08:45 – 13:30	LIVE SURGERY: GO Cases Presentation	Dr. V. Di Rubbo Dr. C. Khilgren Dr. G. Fancello	09:30 – 13:30	Live Surgery: GO Cases Presentation	Dr. V. Di Rubbo Dr. C. Khilgren Dr. G. Fancello
13:30 – 14:00	<b>LUNCH BREAK PHOTO</b>		13:30 – 14:00	<b>LUNCH BREAK</b>	
14:00 – 18:30	<b>DISSECTION LABORATORY</b>		14:00 – 14:30	Vestibular Rehabilitation after Vestibular Schwannoma of the VIII C.N.	Dr. A. Giannuzzi
			14:30 – 18:30	Dissection Laboratory	
			20:30	<b>Restaurant Dinner "La Rocchetta"</b>	

## Friday 20th September 2024

	LECTURES	SPEAKER / MAIN TUTOR
09:00 – 09:30	Acoustic Neurinoma Management	Dr. L. Lauda
09:30 – 10:15	Facial Nerve Reanimation in Skull Base Surgery	Dr. L. Lauda
10:15 – 10:45	<b>COFFEE BREAK</b>	
10:45 – 13:00	LIVE SURGERY: GO Cases Presentation	Dr. V. Di Rubbo Dr. C. Kihlgren Dr. G. Fancello
13:00 – 14:00	<b>LUNCH</b>	
	Q&A And Diploma	



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**GRUPPO  
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**Medici specialisti in**

- **Chirurgia dell'orecchio medio**
- **Otoneurochirurgia**
- **Impianti Cocleari**
- **Impianti al tronco**
- **Chirurgia della base cranica**

Prof. Mario Sanna  
Dott. Abdelkader Taibah  
Dott.ssa Alessandra Russo  
Dott. Fernando Mancini  
Dott. Enrico Piccirillo  
Dott. Antonio Caruso  
Dott. Lorenzo Lauda  
Dott.ssa Annalisa Giannuzzi  
Dott. Gianluca Piras  
Dott.ssa Vittoria Di Rubbo

**Neurochirurgia**

Dott. Abdelkader Taibah

**Tecnici di Audiometria**

Gloria Cagliero  
Marianna Ciotti

**Audioprotesisti**

Massimo Bocchi  
Valerio Sozzi

**Amministrazione**

Denise Draghi  
Elena Doro  
Irene Fasoli

Dear Colleague

you can find in this special link some articles written by the  
equipe of the Gruppo Otológico.

<https://gruppootologico.com/hands-on-courses-2024/>

They can be useful during the Skull Base Surgery Course.

Looking forward to meeting you in Piacenza.

Best regards,

Prof. Mario Sanna



FONDAZIONE  
ONLUS  
**MARIO  
SANNA**



## 156°SKULL BASE SURGERY COURSE

16 September – 20 September 2024

### DISSECTION WITH FRESH TEMPORAL BONES AND HALF HEAD

The following procedures will be practiced in the lateral skull base dissections course:

#### **Monday, first day** (with a temporal bone)(1)

##### **1 Translabyrinthine approach**

- Mastoidectomy with identification of sigmoid sinus and jugular bulb
- Identification of the MCF and PCF dura
- Identification of the third portion of the facial nerve and the digastric ridge
- Identification of the incus and malleus
- Identification of the 3 semicircular canals
- Opening of the canals and identification of the vestibule
- Identification of the IAC and of the ampullary nerve, the superior and inferior vestibular nerve

##### **2 Translabyrinthine approach with transapical extension**

- Drilling of the bone of the apical compartment superior and inferior of the IAC until the apical bone (petrous apex is removed. The bone between the MCF dura and the roof of the IAC, and the bone between the floor of the IAC and the dome of the jugular bulb)

##### **3 Transotic approach (with the same bone)**

- Removal of the EAC, the Tympanic Membrane and the ossicles, identification of the II portion of the facial nerve
- Drilling of the cochlea with identification of the three turns
- Drilling the bone anteriorly to the cochlea in order to dissect the vertical portion of the internal carotid artery and to identify the relationships between the ICA, the Eustachian tube and the jugular bulb. The FN must be left in place.

## Thursday, second day (with a new temporal bone) (2)

### 1) Modified transcochlear approach

- Mastoidectomy with identification of the sigmoid sinus, jugular bulb
- Identification of the dura of the MCF, the PCF (pre and post sigmoid)
- Identification of the incus and malleus head
- Identification of the third portion of the facial nerve and to the digastric ridge
- Identification of the 3 semicircular canals
- Removal of the EAC with the TM, malleus and incus
- Labyrinthectomy with identification of the 2<sup>nd</sup> portion of the facial nerve
- Identification of the IAC
- Identification of the round and oval window
- Skeletonization of the jugular bulb
- Drilling of the cochlea with identification of the turns
- Drilling of the petrous apex
- Decompression and posterior rerouting of the facial nerve.  
(from the ICA to the stylomastoid foramen digastric ridge)
- Decompression of the vertical portion of the ICA. Identify the relationships between the ICA and the jugular bulb and the Eustachian tube

## Wednesday, third day (with half head)

### 1 Middle cranial fossa approach

- Preauricular incision and identification of the zygomatic process
- Craniotomy (4X4)
- MCF dura dissection and identification of the subarcuate eminence and the greater superficial petrosal nerve
- Identification and drilling of the tegmen timpani in order to identify the incus, the head of the malleus
- Identification of the blue line of the s.s.c. identification of the cochlea.
- Identification of the Eustachian tube
- Identification of the middle meningeal artery
- Identification of IAC, Bill's Bar, opening of the canal

### 2 Middle cranial fossa with transapical extension (same side)

- Enlarge anteriorly the craniotomy with removal of the zygomatic arch
- Incision of the temporal muscle
- Identification of the middle meningeal artery and the foramen spinosum
- Identification of the third branch of the trigeminal nerve and the foramen ovalis
- Identification of the 2<sup>nd</sup> branch of the V cranial nerve and the foramen rotundum

### 3 Infratemporal fossa approach type B

- Transtemporal stage, mastoidectomy (subtotal petrosectomy)

- Same steps as in the first part of the transotic approach leaving intact the cochlea and the semicircular canals
- Identification of the Round, oval windows and Eustachian Tube.
- Identification of the cochleariform process, muscle of the malleus and the Ica anterior to the cochlea
- Drilling of the anterior wall of the external auditory canal
- Identification of the glenoid fossa
- Craniotomy (large) of the middle cranial fossa and dissection of the zygomatic process
- Dissection of the dura of the middle cranial fossa
- Drilling of the vertical portion of the I.C.A.
- Identification of the genu of the ICA
- Relationships between the Eustachian tube and the orizontal portion of the ICA
- Identification of the MMA (middle meningeal artery and the foramen spinoso )
- Identification of the III° branch of the trigeminal nerve and the foramen ovalis

## Thursday, fourth day (with the same half head)

### Infratemporal fossa approach type A

#### a) Transtemporal stage

##### Mastoidectomy (subtotal petrosectomy)

- Same steps of the first part of the transotic approach leaving intact the semicircular canals and the cochlea.
- Identification of the oval window, round window, stapes, Eustachian tube
- Identification of the 2<sup>nd</sup> and 3<sup>rd</sup> portion of the facial nerve the facial nerve and the extra temporal facial nerve (in the parotid)
- Identification of the sigmoid sinus down to the jugular bulb

#### b) Transcervical Stage

- Identification of the posterior belly, of the digastric muscle
- Identification of the S.C.M. muscle
- Identification of the XI C.N., jugular vein, ICA (common, internal and external)
- Identification of the X and XII cranial nerve
- Decompression of the facial nerve from the geniculate ganglion to the stylo mastoid foramen- Identification of the facial nerve in the parotid
- Anterior Rerouting of the facial nerve
- Dissection of the ICA from the skull base to the Eustachian tube
- Decompression and drilling of the condyloid process

- Opening of the jugular bulb and identification of the inferior petrosal sinus and the lower cranial nerves

## **Friday, fifth day** (same half head)

### **Suboccipital approach (combined with retrolabyrinthine approach)**

- Identification of PSC and the Endolymphatic Sac
- Large craniotomy posterior to the sigmoid sinus
- Opening of the dura and identification of the VII-VIII nerves in the CPA
- Identification of the lower cranial nerves in the lateral cistern.
- Identification of the AICA/PICA vestibular artery, basilar and vertebral artery
- Identification of the VI c.n. / V c.n.
- Drilling of the posterior wall of the IAC with identification of the VII and VIII cn. In the fundus of the IAC



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Piacenza, 16 September 2024

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*Dear Colleague,*

*I give you my personal welcome to the Gruppo Otologico for the 156° Skull Base  
Surgery Course*

*You will be my honoured guest for dinner at Restaurant "LA ROCCHETTA"  
located in Rivalta Castle on 19th of September 2024*

*Best regards,*

*Prof. Mario Sanna*



FONDAZIONE  
ONLUS  
**MARIO  
SANNA**