



SKULL BASE SURGERY 158° COURSE

Monday 17th March 2025

LECTURES	SPEAKER / MAIN TUTOR
08:00 – 08:30	Surgical Anatomy of the Cerebellopontine Angle Dr. J. Magnan
08:30 – 09:00	Surgical Approach of to the Lateral Skull Base Dr. G. Piras
09:00 – 09:30	Videotape: Skull Base Surgical Anatomy
09:30 – 09:45	COFFEE BREAK
09:45 – 13:30	LIVE SURGERY: Gruppo Otológico Cases Presentation Dr. V. Di Rubbo Dr. G. Fancello Dr E. Maddalone
13:30 – 14:00	LUNCH BREAK
14:00 – 14:30	From Otoscopy to Surgery Retrotympanic mass Dr. A. Caruso
14:30 – 15:00	How to have the best drilling experience Bien Air
15:00 – 19:30	Dissection Laboratory

Wednesday 19th March 2025

LECTURES	SPEAKER / MAIN TUTOR
08:00 – 08:30	Management of Petrous Bone Cholesteatoma Dr. E. Piccirillo
08:30 – 08:45	COFFEE BREAK
08:45 – 13:30	LIVE SURGERY: Gruppo Otológico Cases Presentation Dr. V. Di Rubbo Dr. G. Fancello Dr. E. Maddalone
13:30 – 14:00	LUNCH BREAK PHOTO
14:00 – 14:30	Acoustic Neurinoma Management Dr. A. Taibah
14:30 – 19:30	Dissection Laboratory

Tuesday 18th March 2025

LECTURES	SPEAKER / MAIN TUTOR
08:00 – 09:00	Tympanojugular Paraganglioma Dr. M. Sanna
09:00 – 09:15	COFFEE BREAK
09:15 – 13:30	LIVE SURGERY: Gruppo Otológico Cases Presentation Dr. V. Di Rubbo Dr. G. Fancello Dr. E. Maddalone
	LUNCH BREAK
14:00 – 14:30	Management of Facial Nerve Tumor Dr. A. Russo
14:30 – 19:30	Dissection Laboratory

Thursday 20st March 2025

LECTURES	SPEAKER / MAIN TUTOR
08:00 – 08:45	Petrous Bone Carcinoma Dr. G. Piras
08:45 – 09:00	COFFEE BREAK
09:00 – 13:30	LIVE SURGERY: Gruppo Otológico Cases Presentation Dr. V. Di Rubbo Dr. G. Fancello Dr. E. Maddalone
13:30 – 14:00	LUNCH BREAK
14:00 – 14:30	Vestibular rehabilitation after surgical removal of acoustic neurinoma Dr. A.L. Giannuzzi
14:00 – 14:30	Dissection Laboratory
20:30	Dinner at “La Rocchetta” Restaurant + Prize for the Best Dissection



SKULL BASE SURGERY 158° COURSE

Friday 21st March 2025

	LECTURES	SPEAKER / MAIN TUTOR
09:00 - 09:30	Facial Nerve Reanimation in Skull Base Surgery	Dr. L. Lauda
09:30 - 10:00	COFFEE BREAK	
10:00 - 13:00	LIVE SURGERY: Gruppo Otologico Cases Presentation	Dr. V. Di Rubbo Dr. G. Fancello Dr. E. Maddalone
13:00 - 14:00	LUNCH BREAK Q&A And Diploma	



casa di cura
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**GRUPPO
OTOLOGICO**

Piacenza, 14th February 2025

**Unità Operativa di
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"Gruppo Otologico"**

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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

Valerio Sozzi
Gloria Cagliari
Marianna Ciotti

Audioprotesisti

Massimo Bocchi

Amministrazione

Denise Draghi
Elena Doro

Dear Colleague,

I give you my personal welcome to the Gruppo Otologico for the 158° Skull Base Surgery Course

You will be my honored guest for dinner at Restaurant "LA ROCCHETTA" located in Rivalta Castle on 20th of March 2025 at 8,30pm

Best regards,

Prof. Mario Sanna



FONDAZIONE
ONLUS
**MARIO
SANNA**



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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-2025/>

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**



158°SKULL BASE SURGERY COURSE

17 -21 March, 2025

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.

Tuesday, 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 2nd 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 2nd 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 horizontal portion of the ICA
- Identification of the MMA (middle meningeal artery and the foramen spinosum)
- Identification of the III^o 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 2nd and 3rd 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