



GRUPPO OTOLOGICO

159° Edition

Monday 20th October 2025

	LECTURES	SPEAKER/MAIN TUTOR
08:00 – 08:45	Anatomy of the Lateral Skull Base/ Surgical Approaches to CPA Lesions	Dr. Wenlong Tang
08:45 – 09:30	Facial Nerve as a guide in temporal bone approaches	Dr. Jacques Magnan
09:30 – 09:45	COFFEE BREAK	
09:45 – 13:30	LIVE SURGERY: Gruppo Otologico 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	

Tuesday 21st October 2025

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



GRUPPO OTOLOGICO

Wednesday 22nd October 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 Otologico Cases Presentation	Dr. V. Di Rubbo Dr. G. Fancello Dr. E. Maddalone
13:30 – 14:00	LUNCH BREAK PHOTO	
14:00 – 14:45	Acoustic Neurinoma Management	Dr. A. Taibah
14:45 – 19:30	Dissection Laboratory	
20:30	Dinner at “La Rocchetta” Restaurant + Prize for the Best Dissection	

Thursday 23rd October 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 Otologico 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 CPI tumor	Dr. A. Giannuzzi
14:30 – 18:30	Dissection Laboratory	

Friday 24th October 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
Piacenza

www.casadicura.pc.it

Casa di Cura privata Piacenza S.p.a
Via Morigi 41, 29121 Piacenza
P.IVA/C.F. 00203950332

Tel 0523.711340
Fax 0523.453246
casadicura@casadicura.pc.it



**GRUPPO
OTOLOGICO**

Piacenza, 20 October 2025

**Unità Operativa di
Otorinolaringoiatria
"Gruppo Otológico"**

c/o Casa di Cura Piacenza
Via Emmanueli n.42
29121 Piacenza
Tel 0523.754362
Fax 0523.453708
www.gruppootologico.com

**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 Cagliero
Marianna Ciotti

Audioprotesisti

Massimo Bocchi

Amministrazione

Denise Draghi
Elena Doro

Dear Colleague,

*I give you my personal welcome to the Gruppo Otológico for the 159° Skull Base
Surgery Course*

*You will be my honoured guest for dinner at Restaurant "LA ROCCHETTA"
located in Rivalta Castle on 22nd of October, 2025*

Best regards,

Prof. Mario Sanna



FONDAZIONE
ONLUS
**MARIO
SANNA**



159° SKULL BASE SURGERY COURSE

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 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 tympani 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