Reply to the Letter to the Editor concerning “Combined microscopic/endoscopic management of petrous apex lesions”

Hisashi Sugimoto¹ · Miyako Hatano¹ · Masao Noda¹ · Hiroki Hasegawa¹ · Tomokazu Yoshizaki¹

Received: 26 November 2017 / Accepted: 29 November 2017 / Published online: 4 December 2017
© Springer-Verlag GmbH Germany, part of Springer Nature 2017

Dear Editor,

We thank the authors for their comments on the paper. We described a technique for approaching petrous apex cholesteatomas using combined lateral microscopic/endoscopic approaches [1], and discussed the utility of endoscopy in managing matrix inside the petrous apex. In this paper, we emphasized the advantage of obtaining good visualization of the medial surface of the internal carotid artery using endoscopy. We also believe that the transcochlear approach [2], modified transcochlear approach [3] and transotic approach [4] are essential techniques to treat petrous apex cholesteatomas.

Potential advantages of an endoscopic approach to ear surgery include the possibility of obtaining a good surgical view with less invasiveness. We focused on the “good surgical view” achieved with endoscopy in our paper. The authors point out the “less invasive” advantage of using endoscopy in managing petrous apex cholesteatoma. We basically agree with the author’s opinion. When the facial canal is functional before surgery, maintaining a bony shell to protect the facial nerve is an excellent option. We believe that endoscopy could be a tool to making this possible. To further confirm the efficacy and safety of the surgical concept, we need to

use this treatment concept in a large number of cases in a future study.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

References

1. Presutti L, Alicandri-Ciufelli M, Rubini A, Gioacchini D FM, Marchioni (2014) Combined lateral microscopic/endoscopic approaches to petrous apex lesions: pilot clinical experiences. *Ann Otol Rhinol Laryngol* 123(8):550–559
2. House WFWE, Hitselberger (1976) The transcochlear approach to the skull base. *Arch Otolaryngol* 102(6):334–342
3. Sanna M, Mazzoni A, Saleh EA, Taibah A AK (1994) Russo, Lateral approaches to the median skull base through the petrous bone: the system of the modified transcochlear approach. *J Laryngol Otol* 108(12):1036–1044
4. Jenkins HAU, Fisch (1980) The transotic approach to resection of difficult acoustic tumors of the cerebellopontine angle. *Am J Otol* 2(2):70–76

This reply refers to the comment available at <https://doi.org/10.1007/s00405-017-4815-1>.

✉ Hisashi Sugimoto
sugimohi@med.kanazawa-u.ac.jp

¹ Department of Otolaryngology-Head and Neck Surgery, Kanazawa University Graduate School of Medical Science, Kanazawa University Hospital, Kanazawa, Japan