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Stewart, Robert Alan Goldberg. Pp 416.
£167. Philadelphia, Lippincott-Raven,
1995. The accurate description of orbital
surgery is extremely difficult, if not
impossible. This difficulty arises because of
highly variable presentation and extent of
orbital disease, from the ready distortion of
normal orbital anatomy by disease or ...

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text is intuitively organized into functional sections including eyelid malpositions, eyelid reconstruction, lacrimal surgery, orbital surgery, and aesthetic facial surgery.

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reference to surgical innovations. This is a
selective literature review supplemented
with the personal experience of the authors,
using illustrations and photographs of
anatomical dissections. The seven osseous
components of the orbit can be

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conceptualized into a simple geometrical layout of a four-sided pyramid ...

20/1/2012 · Orbital decompression surgery as one would expect is known to reduce IOP, and this is reflected in this audit and in the published literature (Table 3). The most accepted theory explaining this reduction in IOP relates to a decrease in intra-orbital volume, reducing retrobulbar and ...

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Yen: Surgery of the Eyelid, Lacrimal System, and Orbit, 528 pages, \$128.25, OUP USA, 2011 . CONTENTS
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the Orbit

1/7/2010 · Orbital surgeries such as orbital floor fracture reduction, deep lateral orbital wall decompression, and orbital tumour removal generally take this approach in the ophthalmology field . The swinging eyelid approach is a well-established, safe, and useful technique [1] , [2] .

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1/3/2003 · As a real frontolateral approach,
the supraorbital craniotomy avoids removal
of the orbital rim, the lesser sphenoid wing
or the zygomatic arch. Results and
conclusions The supraorbital craniotomy
allows wide intracranial exposure of the
deep-seated supra- and parasellar region,
according to the concept of key-hole

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approaches.

1/3/1996 · A and B, Preoperative and postoperative views of a patient who has undergone brow lift, composite rhytidectomy, and orbital fat repositioning. C, Front view of the preoperative face shows the wider orbit of the aging face. D, Postoperative anatomy after orbicularis repositioning is a narrower orbital soft tissue appearance. E, Lateral preoperative view is necessary to evaluate depth of the aging ...

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ers, vascular lesions and neoplasms [14] . The concept that the CS was a sinus or plexus was related to an issue of whether an operation was possible or not in the sellar region. Neurosurgeon requires precise anatomical concept of the CS for surgical and interventional treatment. Understanding the anatomy of the CS is very important in

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1/3/1996 · A and B, Preoperative and postoperative views of a patient who has undergone brow lift, composite rhytidectomy, and orbital fat repositioning. C, Front view of the preoperative face shows the wider orbit of the aging face. D, Postoperative anatomy after orbicularis repositioning is a narrower orbital soft tissue appearance. E, Lateral

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preoperative view is necessary to evaluate depth of the aging ...

25/9/2020 · METHODS. Between April 2014 and June 2019, 16 patients with orbital tumors underwent either ETOA or EEA at the authors' institution. Based on the neuro-topographic "four-zone model" of the orbit with its tumor epicenter around the optic nerve in the coronal plane, ETOA (n = 10, 62.5%) was performed for tumors located predominantly superolateral to the nerve and EEA (n = 6, 37.5%) for ...

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