



Azmi Bin Alias

Malaysia

Dr Azmi Alias obtained his medical degree from University of Malaya in 1994, Master of Surgery (General) from Universiti Kebangsaan Malaysia in 2001 and pursued MOH subspecialty training in Neurosurgery in Tunku Abdul Rahman Neuroscience Institute and visiting fellowship in University of Mainz, Germany.

He currently works as the Head Department and Senior Consultant Neurosurgeon at Department of Neurosurgery, Tunku Abdul Rahman Neuroscience Institute (IKTAR), Hospital Kuala Lumpur. He is the chairman of National Safe Surgery Saves Lives Steering committee, member of national POMR committee, Medical Qualifying Committee (Neurosurgery) of Malaysian Medical Council and trainer for the MOH Quality Assurance and Quality Improvement.

He is a honorary Lecturer for the Post Graduate Training Master of Surgery (Neurosurgery), Universiti Sains Malaysia and University of Malaya, Executive Council College of Surgeons Academy of Medicine of Malaysia, active members of World Academy of Neurological Surgery (WANS), International Society for Pediatric Neurosurgery (ISPN), Secretary General of International Society for Minimally Invasive Techniques in Neurosurgery (ISMINS), former Vice President of the Asian Australasian Society for Neurological Surgeons (AASNS) and Nominating Committee of the World Federation of Neurosurgical Societies (WFNS).

Topic: Decision Making for Endoscopic Approaches to Sellar and Suprasellar Lesions

The Sellar and suprasellar area remained as one of the most challenging region to manage because of the crowding of complex of anatomical and physiological neurovascular structures. Understanding of the complex anatomy, embryology, hypothalamic pituitary axis neuro critical functions are crucial to guide an appropriate treatment.

A systematic approach is crucial as even small lesions can have a profound impact on the patient and involves a multidisciplinary approach, detailed endocrinological, ophthalmological, neuroimaging, neurological and final histological diagnosis.

The surgical approach to lesions in this region have progressively changed over the last decades with classical open wide craniotomy microscopic surgery have been substituted with a Keyhole Transcranial and Endonasal Endoscopic Surgery.

The modern concept of minimally invasive Neurosurgery emphasizing on approach that provides the shortest route, minimal or no brain retraction through natural orifice or small opening with adequate access, optimal visualization, multidirectional view and preservation of neurovascular structures including cranial nerves, hypothalamic pituitary axis, ventricles and circle of Willis.

The selection of the endoscopic approach is influenced by the size, consistency, location, vascularity, specific pathology, the extension of the lesion as well as its relationship with neurovascular structures and the origin or attachment of the lesion.

Selected cases will be presented by the author highlighting on decision making, advantage and limitation of each approaches and surgical technique tailored to individualized patients and tumour characteristics.