



Doo-Sik Kong
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Professor Doo-Sik Kong, a renowned neurosurgeon, has made significant contributions to the field of endoscopic skull base surgery. As a pioneer in endoscopic transorbital surgery, he has played a crucial role in advancing minimally invasive techniques. Professor Kong currently holds a position at Samsung Medical Center, Sungkyunkwan University in Seoul, Korea, where he continues to innovate and provide exceptional care to patients. His expertise and leadership in the field have been recognized through his former role as the president of the Korean Society of Endoscopic Neurosurgery. Dr Kong's dedication to pushing the boundaries of endoscopic neurosurgery has earned him international acclaim, and his work continues to inspire and shape the future of the field. With his focus on endoscopic skull base surgery and his groundbreaking contributions to transorbital approaches, Dr Doo-Sik Kong remains at the forefront of neurosurgical advancements, improving patient outcomes and setting new standards of care.

Topic: Transorbital Approach for Skull Base Tumors

The endoscopic transorbital approach (TOA) has emerged as a minimally invasive surgical route for accessing lesions in the anterior and middle cranial fossae, orbit, and sellar / parasellar regions. Presently, TOA is employed in managing various pathologies such as orbital apex lesions, optic nerve decompression, middle cranial fossa tumors, and select skull base lesions involving the cavernous sinus and Meckel's cave. Compared to traditional transcranial approaches, TOA offers advantages such as reduced brain retraction, shorter operative corridors, and potentially improved cosmetic outcomes. However, challenges persist, including limited surgical visibility and maneuverability of current endoscopic instruments.

Looking forward, the future of TOA will likely involve refining surgical techniques and integrating innovative technologies. Robotic surgical systems featuring wristed instrumentation and tremor filtration, tailored for endonasal and transcranial endoscopic approaches, may mitigate the constraints of straight rigid endoscopes and instruments. Advanced optics, augmented reality surgical navigation, and enhanced imaging modalities are poised to expand the capabilities of TOA. With increasing experience, TOA indications may expand to encompass a broader spectrum of skull base, vascular, and oncological procedures.