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Commentary

The authors add to the existing literature a ninth case of benign lipoma of the parapharyngeal space and describe a modification to the standard transcervical approach. The surgical exposure is extended posteriorly by transecting the attachment of the sternocleidomastoid muscle from the mastoid and reflecting the muscle inferiorly while preserving the spinal accessory nerve. The superior attachments of the trapezius, levator scapulae, and splenius capitis muscles are also transected. To achieve total resection, the foramina transversarium of C1 and C2 were opened and the vertebral artery was mobilized. In the current era of skull base surgery, this type of approach seems almost ordinary. However, this approach demonstrates a complete comfort with both neck and spine dissection, an elegant fusion of head and neck surgery and neurosurgery that was anything but commonplace a decade ago. Nothing more need be said.

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