atively. Because the procedure causes no intracranial damage, postoperative recovery is accelerated and the total length of hospitalization is shortened. Consequently, this approach may play an important role in the treatment of some high-risk patients.

Large tumors that extensively involve the posterior ethmoid may be a contraindication for this technique, while small tumors limited to the anterior roof of the nasal cavity and ethmoid sinus are appropriate cases for this approach.

In our two patients, the transfrontal approach was associated with acceptable levels of early and late complications, considerable financial savings with minimal social disruption, and highly satisfactory postoperative cosmetics. These advantages may make the transfrontal approach a useful option for patients with tumors at the base of the anterior skull.

EDITORS' NOTE

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REFERENCES

1. Smith RR, Klopp CT, Williams JM. Surgical treatment of cancer of the frontal sinus and adjacent areas. *Cancer* 1954; 7:991-994
2. Janecka IP. Classification of facial translocation approach to the skull base. *Otolaryngol Head Neck Surg* 1995;112: 579-585
3. Raveh J, Turk JB, Ladrach K, et al. Extended anterior subcranial approach for skull base tumors: long-term results. *J Neurosurg* 1995;82:1002-1010
4. Schramm VL, Myers EN, Maroon JC. Anterior skull base surgery for benign and malignant disease. *Laryngoscope* 1979;89:077-1091
5. Walch C, Stammberger H, Anderhuber W, Unger F, Kole W, Feichtinger K. The minimally invasive approach to olfactory neuroblastoma: combined endoscopic and stereotactic treatment. *Laryngoscope* 2000;110:635-640
6. Yuen APW, Fung CS, Hung KN. Endoscopic cranioanal resection of anterior skull base tumor. *Am J Otolaryngol* 1997;18:431-433

Commentary

Kohno et al. have described a simple transfrontal approach for small anterior skull base tumors using transnasal endoscopy. This uncomplicated approach achieved good results and, in these two patients, was successful. We are concerned that this approach may not provide adequate margins with resection, making it a less than optimal operation. We believe that this procedure has a limited indication in extremely small tumors, but it may be a worthwhile alternative to a craniofacial resection.

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