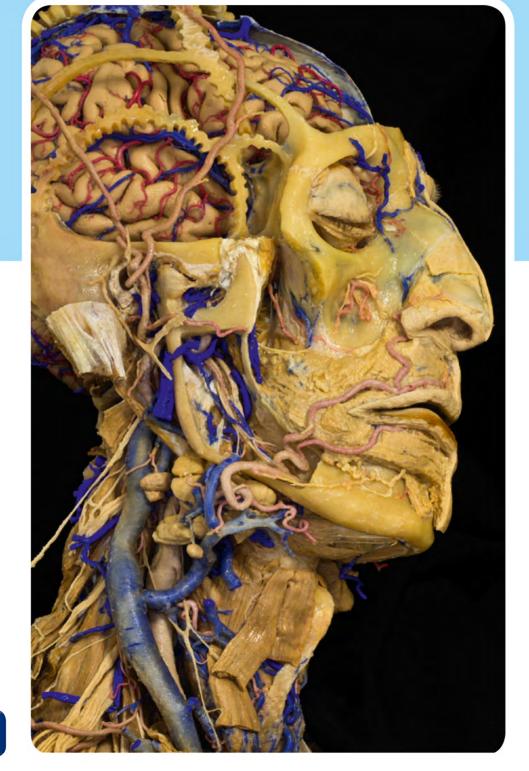
Rhoton's Atlas of Head, Neck, and Brain

2D and 3D Images

Maria Peris-Celda Francisco Martinez-Soriano

Albert L. Rhoton, Jr.

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Rhoton's Atlas of Head, Neck, and Brain

2D and 3D Images

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With 624 Figures

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To the memory of our beloved Professor Rhoton, the most brilliant neurosurgeon, greatest mentor, and kindest human being. To Professor Rhoton's family, especially his wife Joyce, for their warm welcome to all the fellows and for their support of our work through the years.

To all the patients around the world who are, were, and will be saved by Professor Rhoton's teachings.

To those who donate their bodies to the study of anatomy and their families for their generous gift to those who benefit from a better study of the anatomy.

To our families for their unconditional support and love.

Maria Peris-Celda and Francisco Martinez-Soriano



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Foreword

Anatomy does not exclude physiology, but physiology certainly presupposes anatomy. The phenomena that the physiologist investigates occur in special organs with quite characteristic anatomical arrangements; the various morphological parts disclosed by the anatomist are the bearers of properties or, if you will, of forces probed by the physiologist; when the physiologist has established a law, whether through physical or chemical investigation, the anatomist can still proudly state: This is the structure in which the law becomes manifest.

- Rudolf Virchow1

The foundation for success in the operating room is based on the understanding of complex anatomical relationships, normal variations that may exist, and how various pathologic entities can alter the normal anatomy, potentially putting vital structures in harm's way. It was Dr. Albert L. Rhoton, Jr.'s life's work and ambition to better understand the complex anatomy that surgeons face in their daily intrusions into the human body and share that knowledge with the greater medical community. One of his driving themes was the simple phrase, displayed prominently in his lab, "Every second." His goal, shared by the many outstanding fellows who labored under his tutelage, was that somewhere in the world, every second of every day, some patient's life was being made better by a surgeon assisted by the anatomic knowledge his lab helped elucidate and distribute. This atlas is one of those crowning achievements.

Dr. Maria Peris-Celda and Professors Francisco Martinez-Soriano and Albert L. Rhoton, Jr., have compiled an incredible collection of detailed, artful dissections of the brain and head and neck. Each figure is meticulously labeled with English and Latin descriptors for easy cross-reference with other resources. Multiple views of the most complex regions of the head and neck are provided to assist in understanding. No layer of anatomy or structure is neglected. The chapters follow a logical progression through the complex anatomy of the brain, head, and neck, and will be an extremely valuable resource for students, trainees, and accomplished practitioners in neurosurgery, neurology, otorhinolaryngology head and neck surgery, oral maxillofacial surgery, and plastic

and reconstructive surgery, to name just a few of the specialties that should take notice of this work.

While actual anatomic dissection is undoubtedly the best way to learn anatomy, Dr. Rhoton certainly understood that anatomical prosections displayed in a 3D format would be essentially equivalent and reach a far greater audience. Thieme has done a remarkable job of formatting the 2D images in a large 11 × 12-inch format that absolutely optimizes the viewing experience for the reader. The 3D images can be projected on any 3D television or computer to take full advantage of this outstanding collection.

Begun in 2011 and painstakingly assembled over the last 5 years, it is indeed sad Dr. Rhoton could not see the completed project before his death in 2016. Undoubtedly, he would be extremely pleased with the results Dr. Peris-Celda and Dr. Martinez-Soriano have achieved and the knowledge that this work has the possibility to improve the lives of patients around the world, every second of every day.

Those who have dissected or inspected many [bodies] have at least learnt to doubt; while others who are ignorant of anatomy and do not take the trouble to attend it are in no doubt at all.

— Giovanni Battista Morgagni²

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- 2. Giovanni Battista Morgagni. Letter xvi, Art. 25, as translated by Benjamin Alexander. Cited in Edward W. Adams, Founders of Modern Medicine II: Giovanni Battista Morgagni, Medical Library and Historical Journal 1903;1:27.



Preface

In January 2016, one month before Professor Albert L. Rhoton, Jr. passed away, I promised him that I would do everything possible to publish this work with the quality and scientific accuracy he envisioned. I can only hope that Dr. Martinez-Soriano and I have achieved the high level that he intended. It rests now with the reader to judge this.

We worked on most of the dissections for this project from 2011 to 2013. During these years, I was privileged to work with Professor Rhoton at the University of Florida as his microsurgery and endoscopic neurosurgery fellow. Thieme accepted the challenge of publishing this atlas in 2012 and the labeling process started in 2013 after a thorough selection of pictures. Professor Martinez-Soriano and his team of anatomists combined knowledge of surgical and classical anatomy and international terminology as they meticulously labeled thousands of anatomical structures in English and Latin.

Ten friends, most of them Professor Rhoton's fellows, collaborated by contributing their dissections to chapters of this book. Their names are listed in each chapter according to the number of figures they contributed.

"Accurate, gentle, and safe" are probably the most frequently heard words spoken by Professor Rhoton. Knowledge of anatomy through detailed dissections, as he said, is the way to achieve the precision required in surgery to help our patients. This work will have served its purpose even if only one person benefits from this knowledge.

Maria Peris-Celda, MD, PhD



Acknowledgments

To all the fellows of Prof. Rhoton, whose expertise and skills have helped to build the anatomical knowledge and improved dissection techniques through the years.

To Laura Dickinson, Margaret Barry and Jessica Striley, for their friendship, their valuable advice, and their help with this project.

To Timothy Hiscock, Thieme executive editor and Elizabeth Palumbo, Thieme managing editor, and their team, for their commitment and absolute dedication to this work.

To Barbara Chernow, production editor, and her team, for their expertise and help throughout the process.



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Orientation Abbreviations

- A anterior
- P posterior
- S superior (or cranial)
- I inferior (or caudal)
- R right
- L left







Maria Peris-Celda

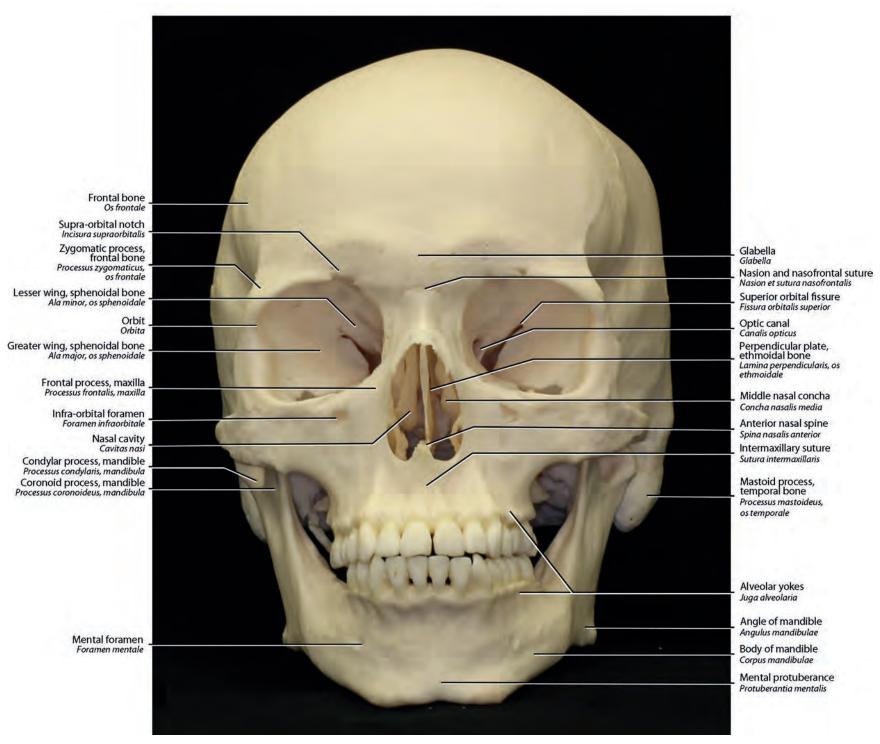


Fig. 1.1. Skull, anterior view.

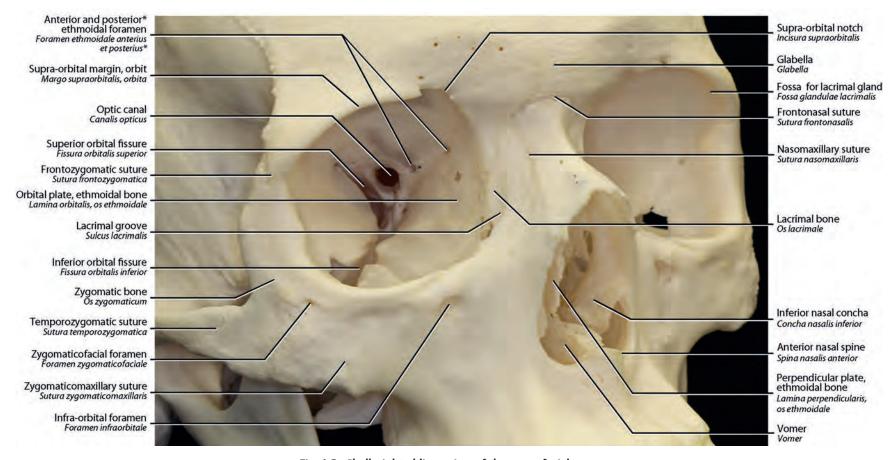


Fig. 1.2. Skull, right oblique view of the upper facial area.

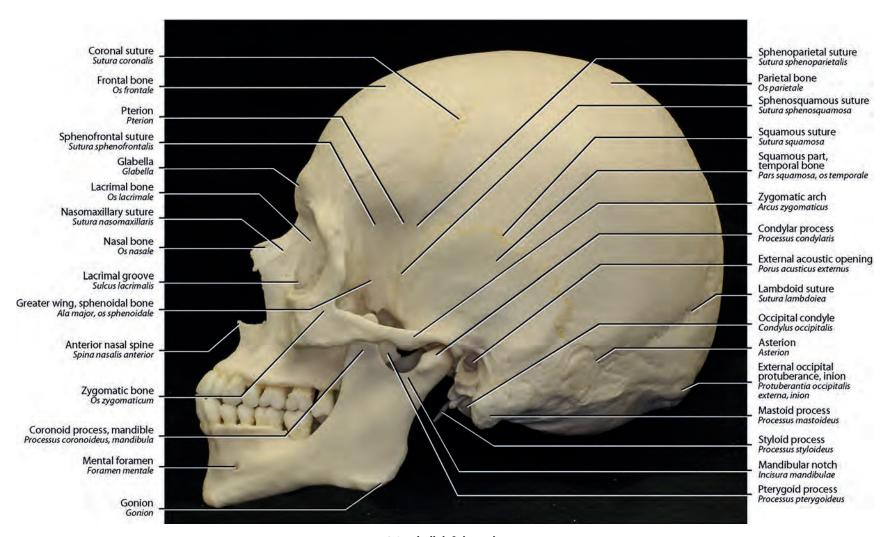


Fig. 1.3. Skull, left lateral view.

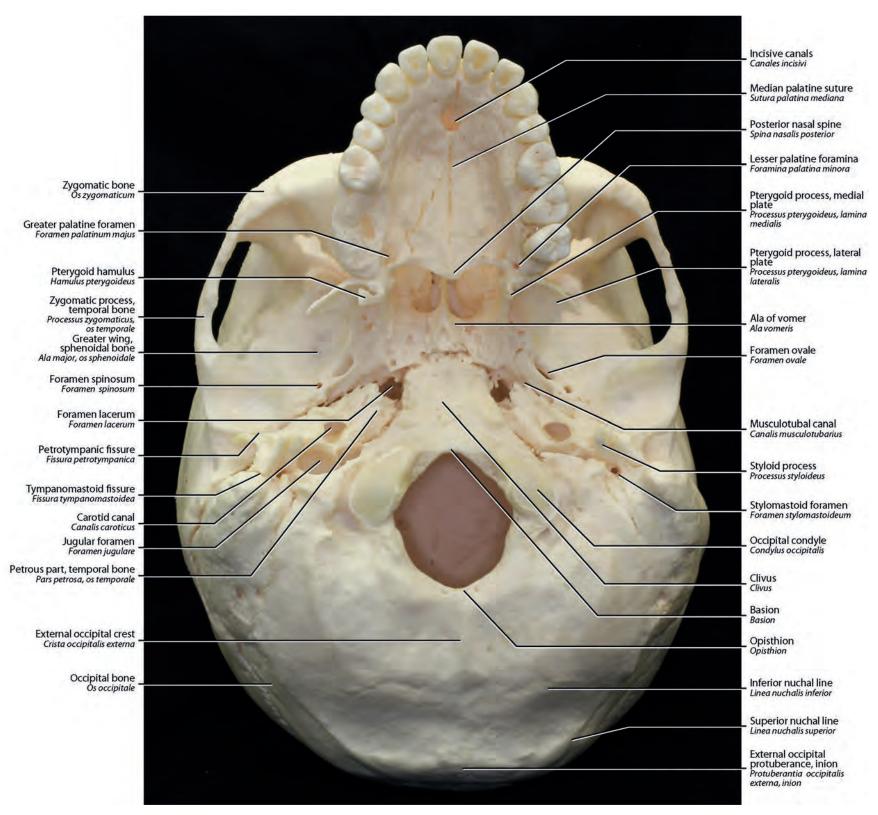


Fig. 1.4. Skull base, inferior view.

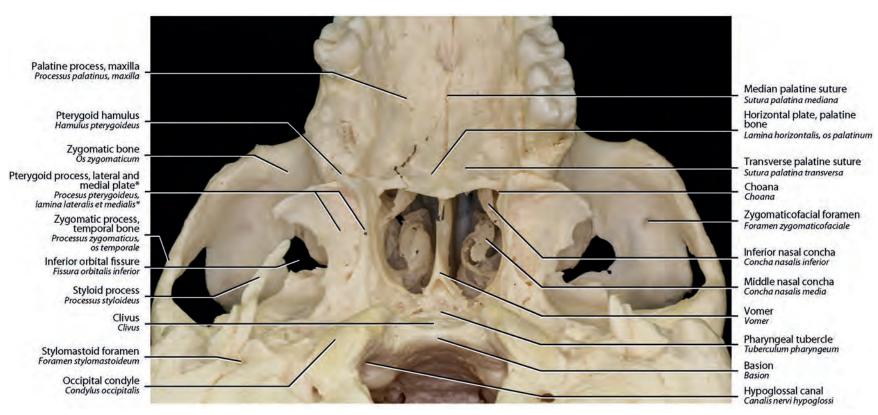


Fig. 1.5. Skull base, inferior view, anterior portion.



Fig. 1.6. Skull, superior view.

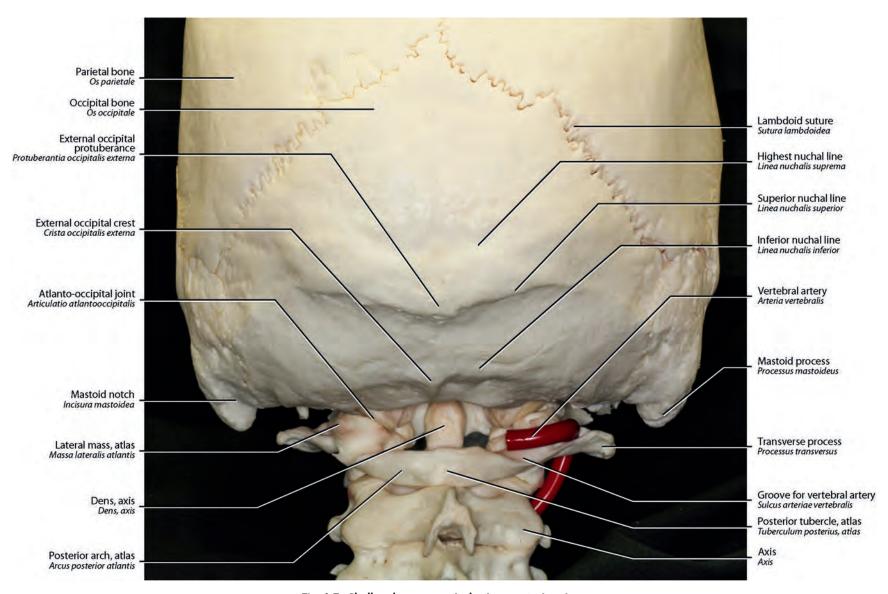


Fig. 1.7. Skull and upper cervical spine, posterior view. The vertebral artery on the right side has been represented with molding material.

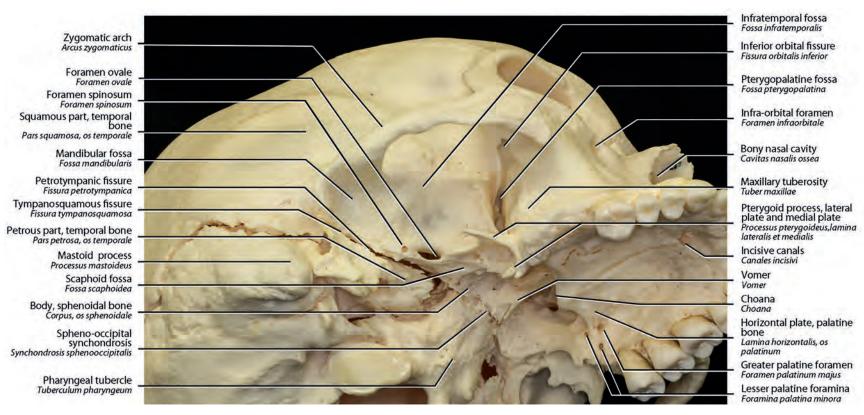


Fig. 1.8. Skull, inferior oblique view of the right side.

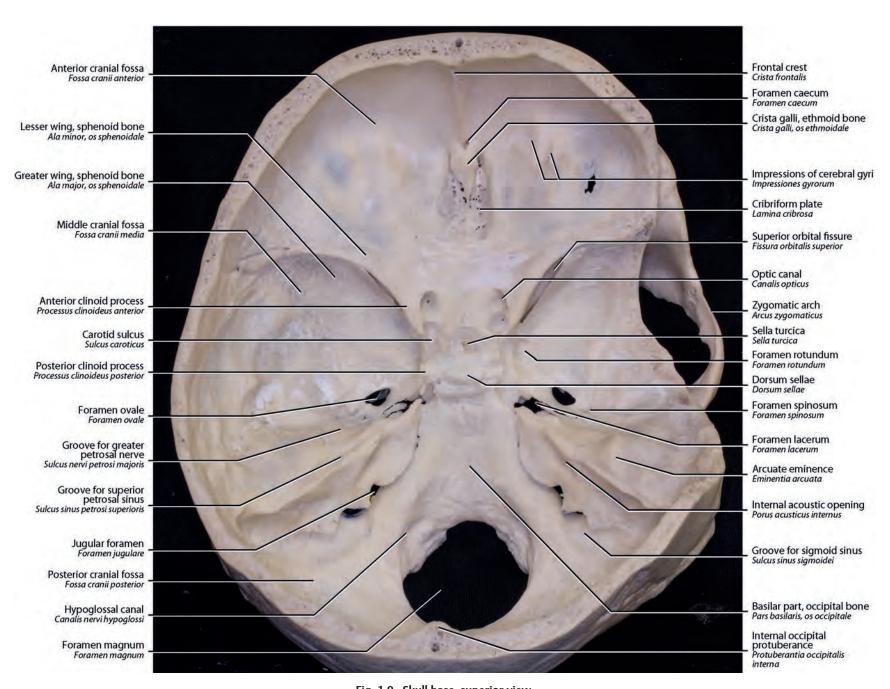


Fig. 1.9. Skull base, superior view.Part of the cranium adjacent to the right middle fossa has been removed.

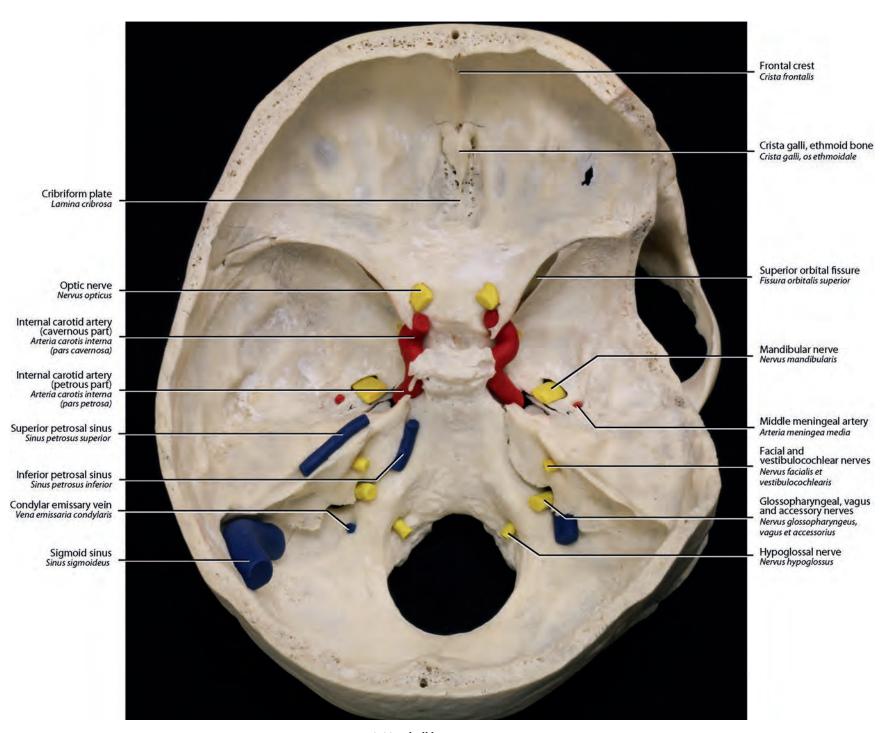
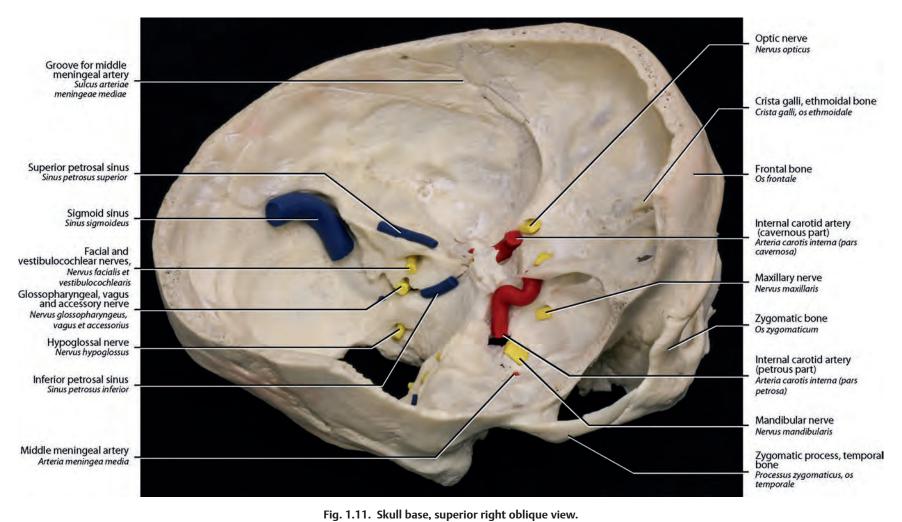


Fig. 1.10. Skull base, superior view.Arterial, venous, and neural structures have been represented with molding material.



Arterial, venous, and neural structures have been represented with molding material.

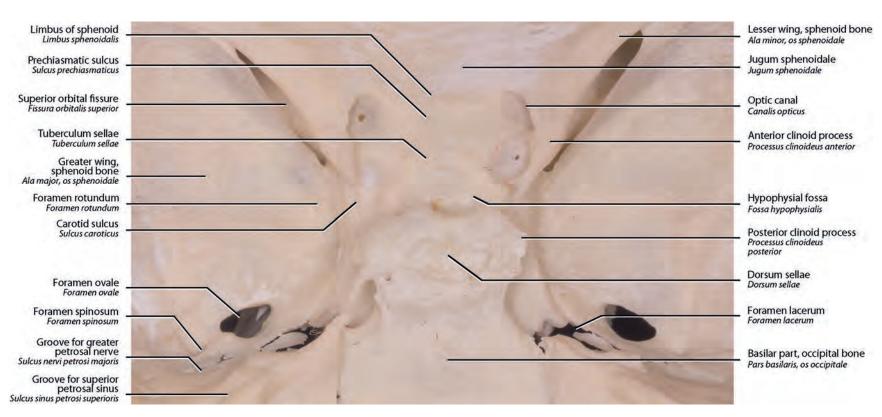


Fig. 1.12. Skull base, superior view. Enlarged view of the sellar and parasellar areas.

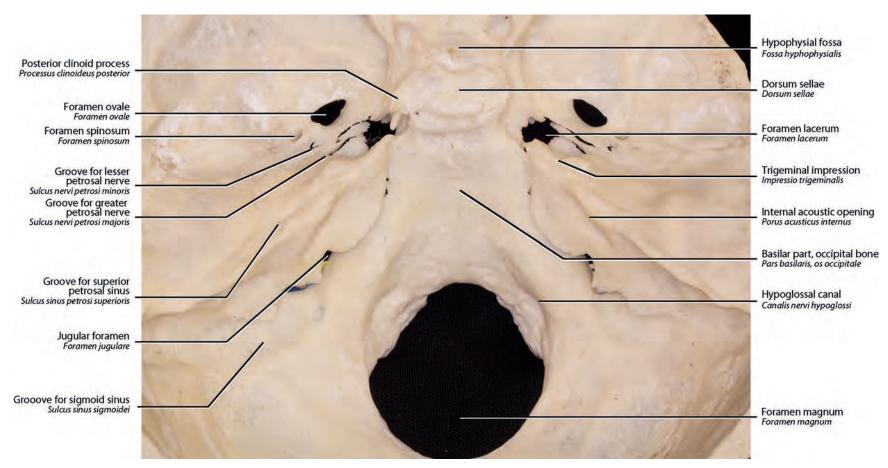


Fig. 1.13. Skull base, superior view. Enlarged view of the middle and posterior cranial fossae.

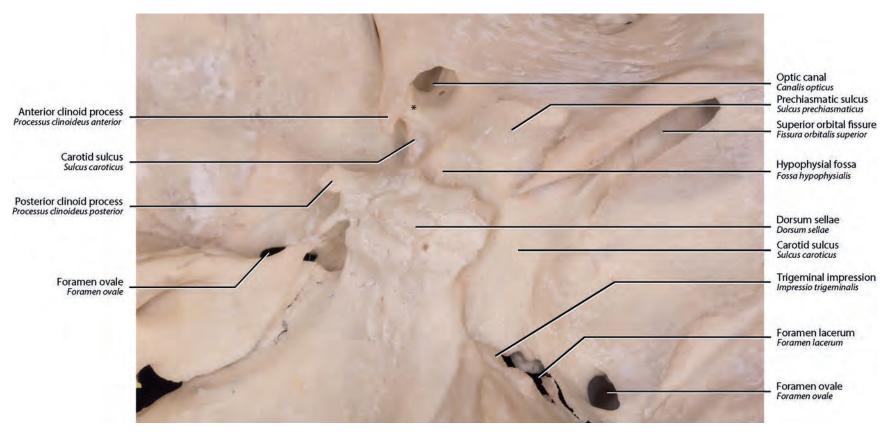


Fig. 1.14. Skull base, superior right oblique view. Enlarged view of the skull base in midline. * Optic strut (surgical terminology).



Fig. 1.15. Fetal skull, anterior view.



Fig. 1.16. Fetal skull, right lateral view.



Fig. 1.17. Fetal skull, superior view.

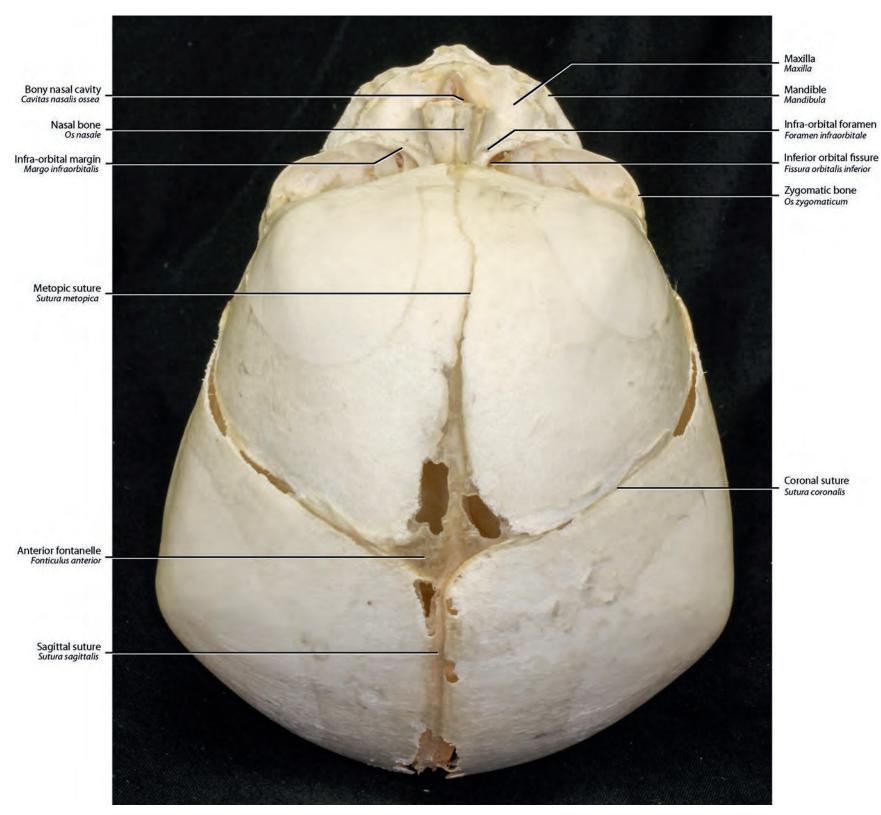


Fig. 1.18. Fetal skull, anterior superior view.

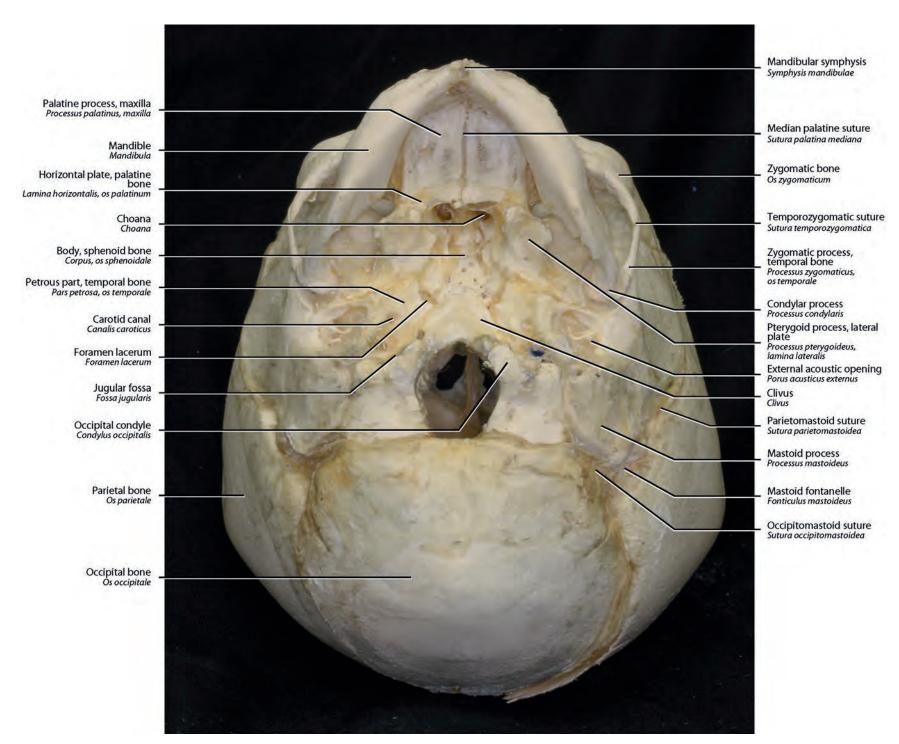


Fig. 1.19. Fetal skull, inferior view.

Bones of the Skull and Skull Bone Articulations

Maria Peris-Celda and Carolina Martins

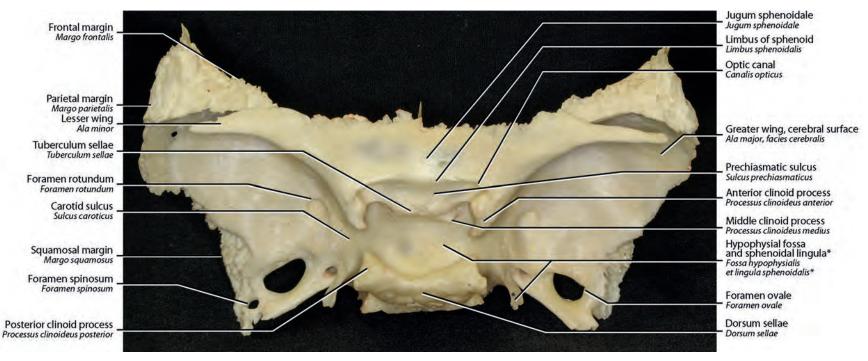


Fig. 2.1. Sphenoidal bone, superior view.

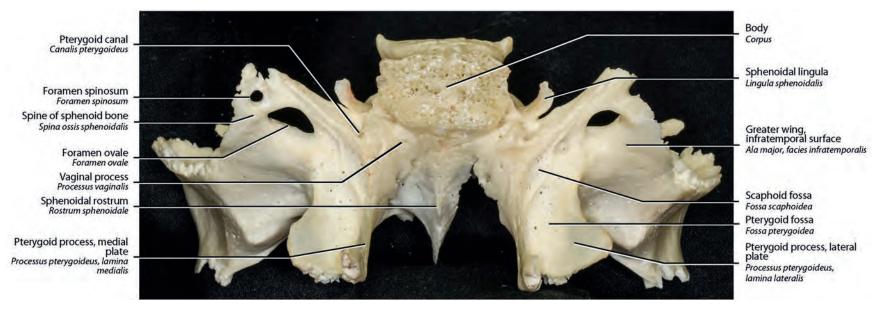


Fig. 2.2. Sphenoidal bone, inferior view.

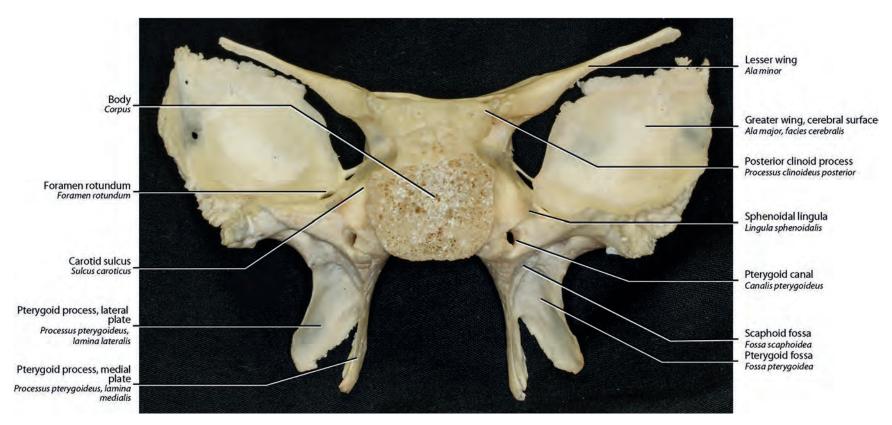


Fig. 2.3. Sphenoidal bone, posterior view.

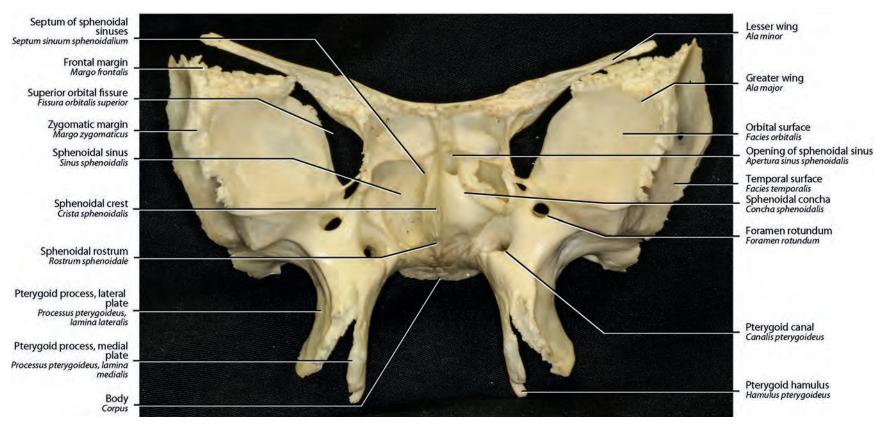


Fig. 2.4. Sphenoidal bone, anterior view.

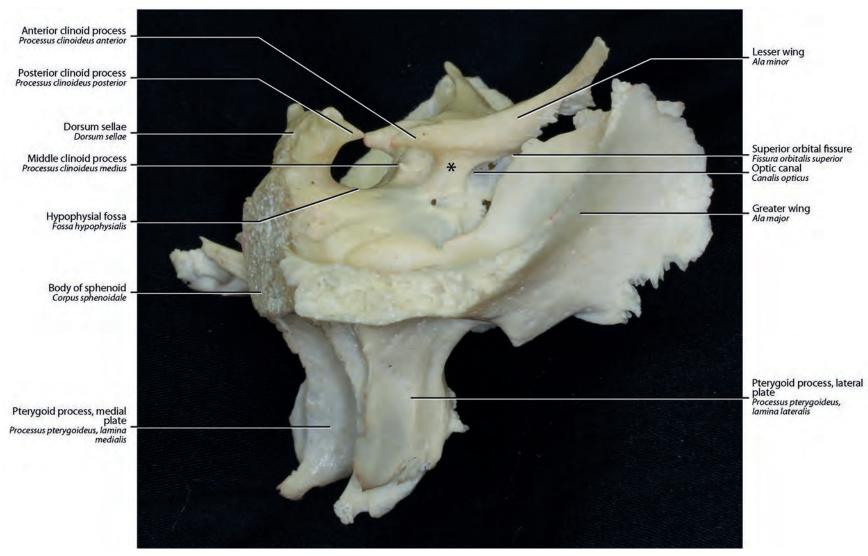


Fig. 2.5. Sphenoidal bone, right oblique view. (*, optic strut)

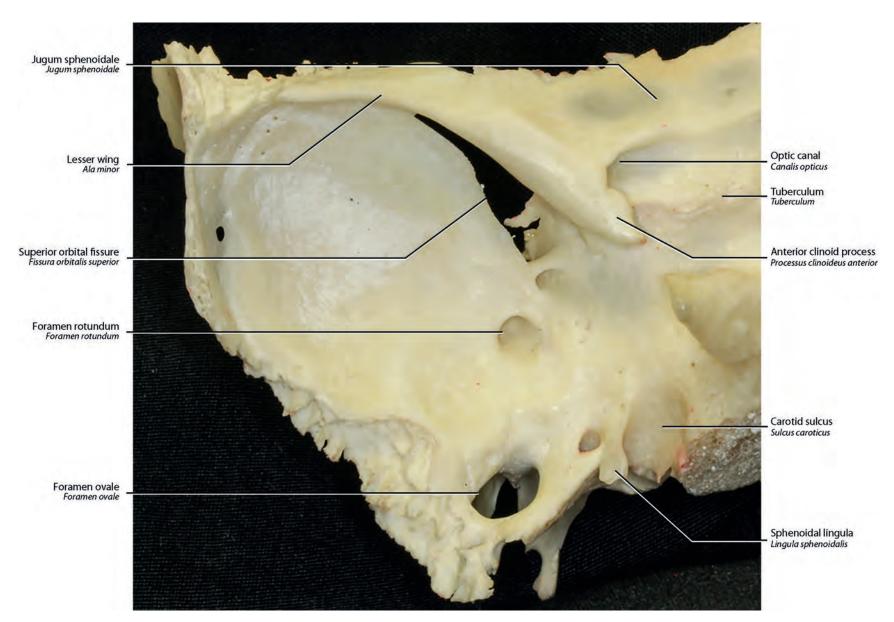


Fig. 2.6. Sphenoidal bone, superior oblique view of the left side.

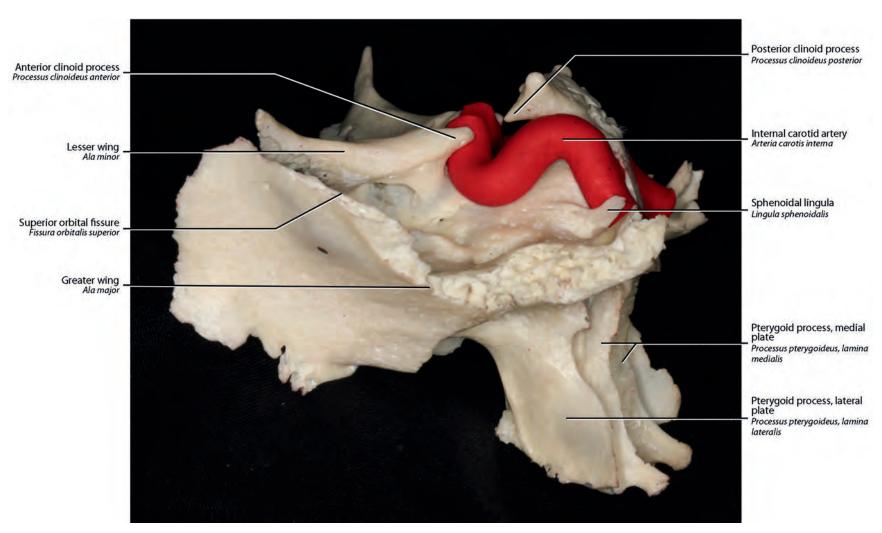


Fig. 2.7. Sphenoidal bone, left lateral view. The carotid artery has been represented with molding material.

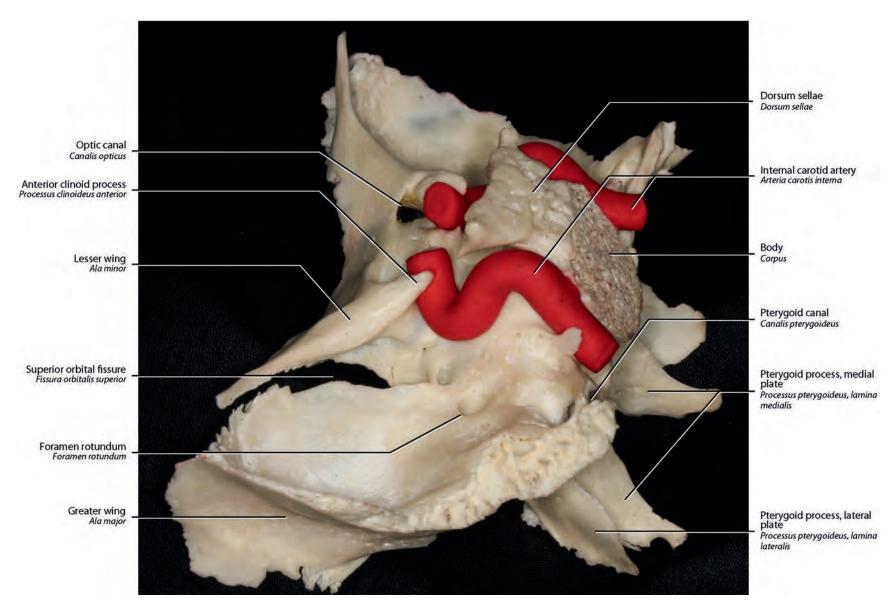


Fig. 2.8. Sphenoidal bone, left superior view. The carotid arteries have been represented with molding material.