

The comparison of ethmoidal roof asymmetry with Keros classification is described in Table 1.

Discussion

ESS is a commonly performed surgery for refractory chronic rhinosinusitis. In spite of the advantage of ESS over traditional techniques of better visualization, being less invasive and minimal postoperative discomfort [4] it has its own risk of complications. [5] Mosher in 1912 stated that intranasal ethmoidectomy is "the blindest and most dangerous surgery". Over the years the incidence of complications has reduced due to improved surgical experience, knowledge of the endoscopic anatomy and better equipment and instruments.

The ethmoidal labyrinth appears during the third month of fetal development as evaginations of the lateral nasal wall. Anatomically, the ethmoids lie medial to the orbit in the superior nasal vault. There are vertical and horizontal plates, with the vertical plate known as the perpendicular plate of the ethmoid inferiorly and the crista galli superiorly. Horizontally, the lateral aspect is called the fovea ethmoidalis and the medial portion the lamina cribrosa (cribriform plate). Lateral to the lamina cribrosa and insertion of the middle turbinate, the ethmoid bone is open superiorly. This part is covered by the orbital plate of frontal bone and is called the ethmoid roof (fovea ethmoidalis) separating the ethmoidal cells from the anterior cranial fossa.[6,7]

The fovea ethmoidalis and the lamina cribrosa can be at more or less the same level, or a height difference may exist. The very thin bone connecting the horizontal lamina cribrosa and fovea ethmoidalis is called the lateral lamella of the lamina cribrosa. The fovea ethmoidalis or ethmoid roof is lowest medially at its articulation with the lateral lamella and rises from medial to lateral in a "gull wing" configuration.

The ethmoid sinuses are one of the most complex anatomical

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