Introduction

Since its introduction in Europe, endoscopic sinus surgery (ESS) has undergone numerous refinements to minimize the chance of intraorbital and intracranial complications (*Gross, et al. 2001*).

Despite these advances, still there are major intracranial complications estimated to occure in .05% to 2% of cases (*may*, *et al*. 2002).

Also there's intraorbital complications estimated to occure in,32% to 0.9% of cases (*Schaefer. 2002*).

This is due to lack of surgeon's orientation around the variations of the anatomical landmarks used in (ESS) (*Stamberger.*, 1998).

Kennedy, et al. (2000): Reported the variations of the uncinate process (UP) and nasal fontanelle which are very important anatomical landmarks in endoscopic sinus surgery (ESS).