

SANS NEWSLETTER



ISSUE 2 MAY,2020

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14th SANS Annual Meeting

“The Art of Safe Neurosurgery”

February29 - March 1 , 2020

A large number of medical professionals gathered in Riyadh to explore The Art of Safe Neurosurgery at the 14th SANS Annual Scientific Meeting. This meeting was a great success this year as it came with the collaboration with Prince Sultan Military Medical City .The theme of this year’s meeting, 2020 Frontiers for the Future: “The Art of Safe Neurosurgery,” permeated the entire event.

Overall, The annual meeting was a confirmation of how the practice of neurosurgery has changed remarkably in the face of rapid advances in technology to provide the highest quality of neurosurgical care to the public.This meeting brought together more that 800 delegates from a multidisciplinary background.

The 2020 SANS meeting featured 22 sessions .Keeping in step with the theme of the art of Safe Neurosurgery, speakers at this scientific meeting shared their rich and valuable experiences.

STAFF

Khalid Siddiqui, MD

Editor-in- Chief

Ahmed Ammar,MD

Co-Editor

Abdulkhalek

Jamjoom,MD

Co-Editor

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Health Education
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Dana Al Thukair

Graphic Designer

Medical Students Today : Are Our Bright Future



At the end of the Students Research Competition, Dr Edward Benzel stood up and said” I m very impressed, I don’t know this passion for scientific research has been developed in Saudi Arabia. What I saw tonight is amazing! The types and quality of research and the presentation are top level. I think I never saw such high level of medical students anywhere.”

During the breakfast the day after this meeting; he asked to meet the medical student who won the first award(Batman phenomenon) .Unfortunately, the winner left to her city. “I want to personally congratulate her, this is a great research.”, he said .

Pre-Conference Social Activities

- Old Dir’aiyah
- The Edge of the World

As an opportunity to discover the beauty of the host city (Riyadh), a sightseeing tour was arranged .

Ad-Dir’aiyah is one of the major attractions in the city, and listed by (UNESCO) as having special cultural and historical significance.

Another worthy attraction that the neurosurgeons enjoyed it was the

Edge of the World. Its name reflects the geographical features that the iconic natural cliffs rise dramatically from the desert.

The viewpoint over the 300-meter-high cliffs gave visitors a stunning panorama of the whole valley.

Please enjoy the photos of the event.



INTERNATIONAL SPEAKERS14th SANS 2020

Prof. Dipankar Nandi
Charing Cross
Hospital



Professor Edward Benzel
Cleveland Clinic
Ohio | USA



Professor Juan Miranda
Stanford Neuroscience
Health Centre
California | USA



Professor Jean Regis
Timone hospital
Marseille | France

ORGANIZING COMMITTEE14th SANS 2020**DR. ABDULWAHED M. BARNAWI, MD**

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AL HEJJIDR. SABAH
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DR. NABEEL
NAGHMOOSH

DR. AHMED ALZHRANI

DR. ALI ALJUZAIR

DR. FEHID HABALRIH

DR. NABEEL SHAFIE

DR. GAMAAN ALZHRANI

DR. HOMOUD ALDAHASH

DR. IBRAHIM ALNAAMI

DR. NAJEEB ALOMAR

DR. MOHAMMAD
ALKUTBIDR. MOHAMMED
HOMOUD

DR. SOHA ALOMAR

OPENING CEREMONY

On Saturday, February 29 , attendees gathered at Hilton Hotel in Riyadh to be part of the 2020 SANS Annual Scientific Meeting's Opening Ceremony.

Dr. Abdulwahed Barnawi , Head of Organising Committee of SANS 2020, welcomed the neurosurgical world-class delegates locally and internationally. Dr. Abdulwahed Barnawi was followed by Dr. Amro Al-Habib.

Dr. Amro Al-Habib, President of SANS, presented the remarkable growth of SANS and the impressive work of SANS members in the field who gave of themselves, their time, and their experiences to strengthen the association with personal devotion.

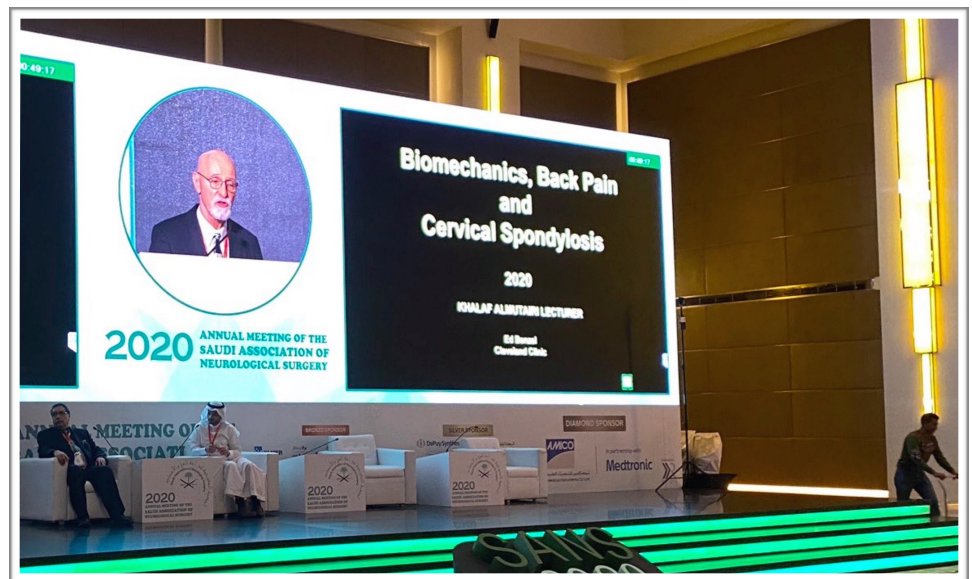
Saturday concluded with GALA dinner by invitation.



14th SANS ANNUAL MEETING HIGHLIGHTS

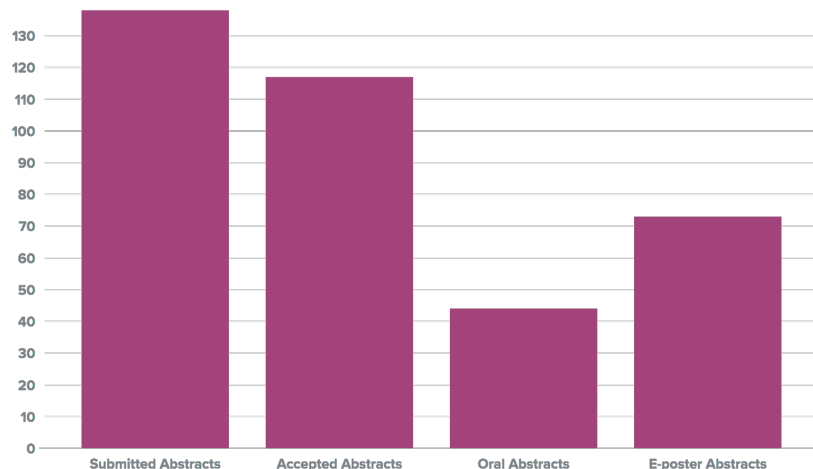
PROF. KHALAF ALMUTAIRI LECTURE

This lecture is dedicated to the memory of the noted neurosurgeon Prof. Khalaf Al Mutairi , who is recognised as the first Saudi qualified neurosurgeon in Saudi Arabia ,and one of the most accomplished surgeons in the field of neurosurgery. The lecture was delivered by Prof. Edward Benzel.



ABSTRACT SUBMISSION

SANS invited authors to submit their abstracts for oral and E-poster presentations to be delivered at the 14th SANS Annual Scientific Meeting with its motto: 'The Art of Safe Neurosurgery.' 138 Abstract Submissions were received.



PRE-CONFERENCE WORKSHOPS

“Power is gained by sharing knowledge not hoarding it.” In the same principle , SANS works to pass on critical knowledge to the neurosurgeons of tomorrow. SANS continues to support the highest level of professional excellence through various workshops and courses. The conference conducted 4 pre-conference workshops attended by more than 200 participants. These workshops were well attended and highly evaluated.

JUST DRILL IT COURSE

Feb 27,2020 | Riyadh

Course director: Dr.Sabah Al Rashad,
Prince Sultan Military Medical City.

Number of Attendees: 24

PERIPHERAL NERVE EXAMINATION BED SIDE APPROACH

Feb 27,2020 | Riyadh

Course director: Dr.Bassam Addas ,
King Abdulaziz University.

Number of Attendees: 90

2nd SAUDI NEUROSURGERY STUDY WORKSHOP (SPINE REVIEW)

SANS ACADEMY

Feb 28,2020 | Riyadh

Course director: Dr.Nabeel Al Shafai,
The Royal Commission for Jubail and Yanbu

Number of Attendees: 129

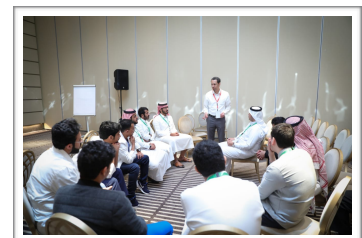
STUDENTS NEUROSURGICAL BOOT CAMP

SANS ACADEMY

Feb 28,2020 | Riyadh

Course director: Dr.Wisam Al-Issawi ,
Imam Abdulrahman Bin Faisal University

Number of Attendees: 47



SANS AWARD WINNERS

SANS 2020



SANS MEDAL



Prof. Abdulrahman Al-Anazi (born 14 January 1964) is a Saudi neurosurgeon and Director of Neurosurgery at the College of Medicine, Imam Abdulrahman Bin Faisal University. He also serves as Chairman of Neurosurgery and Consultant Neurosurgeon at King Fahd Hospital of the University.

Prof. Abdulrahman completed his undergraduate work at King Faisal University in 1989. He continued his medical training at King Faisal University with a Fellowship in Neurosurgery. He has been certified by the Jordanian Board in Neurosurgery in 1997. From 1999 to 2000, he completed a fellowship in Surgical Neuro-Oncology and Skull Base Surgery at Toronto University.

Prof. AlAnazi has been actively involved in Saudi Association of Neurological Surgery(SANS).He has contributed to neurosurgical training program of Saudi Board. He has also contributed to many articles and book chapters in neurosurgery. He holds a patent for a medical device that names after him (Al-Anazi VU Shunt (Ventriculo-uterine shunt for fetus with hydrocephalus)

SANS Research Grant

AWARD: SANS 20,000 Riyal Research Grant

WINNER: Professor Saleh Baeesa

PROJECT TITLE: Is Microglial Activation and Lymphocytic Aggregation “Friends” or “Foes” with Glioma Cells? Expression, Ibal (M2 phenotype), and CD4, CD8 Markers

AWARD: SANS 50,000 Riyal Research Grant for Multi-Centre Trails

WINNER: Professor Saleh Baeesa

PROJECT TITLE: Role of Neurotrophin Trk Receptor (NTRK) in Brain Gliomas using Pan-Trk Expression and Fluorescent in Situ Hybridization



Medical Students Neurosciences Research Grant Competition

AWARD: 6THAnnual Medical Students Neuroscience Competition

1st WINNER

WINNER : Mishael Al Obaid

PROJECT TITLE: Batman's, a new identified sign and phenomena

2nd WINNER

WINNER : Fatimah Al-Saad

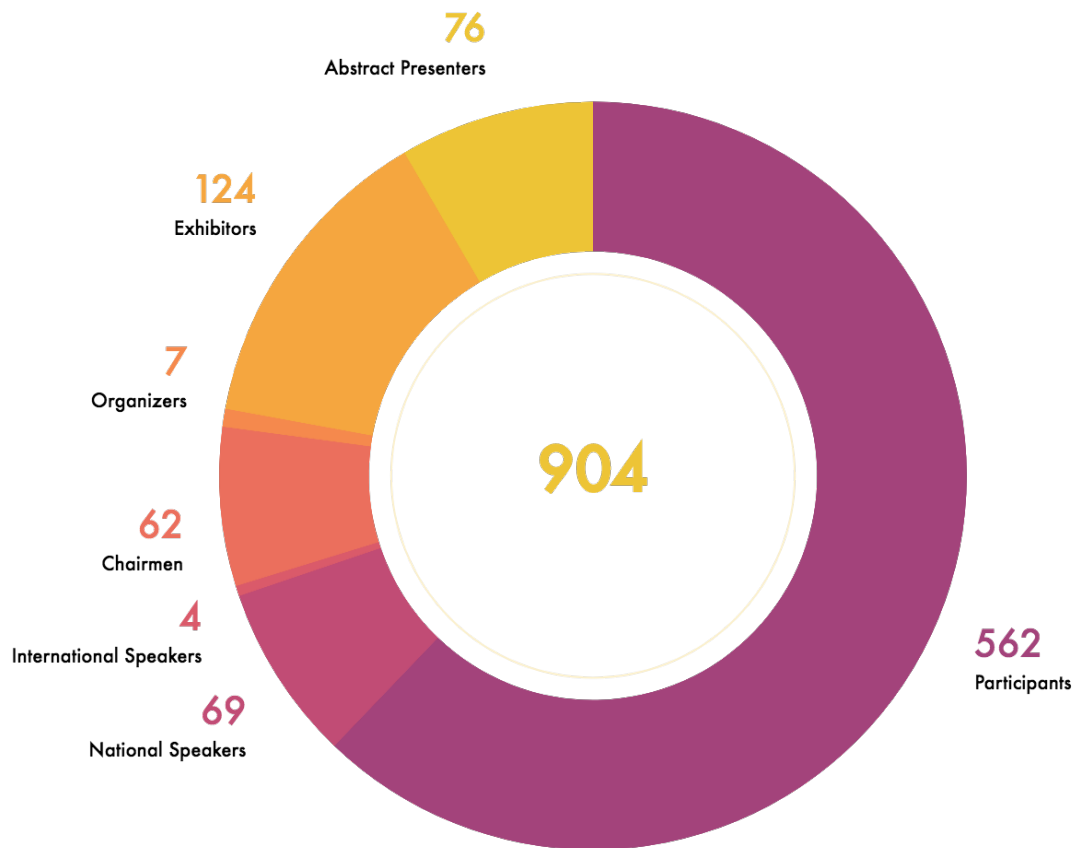
PROJECT TITLE : *Rab3A* at the Crossroads between Innate Immunity and Glioblastoma

3rd WINNER

WINNERS: Ghadeer Alsager and Nasser Almujaivel

PROJECT TITLE : Prognostic scale for visual Function in Cases with Compressive Chiasmatic Lesion

❖ THE 2020 SANS ANNUAL MEETING SNAPSHOT :



- **562** participants: includes doctors , nurses,medical students and others
- **4** international speakers
- A total of **22** scientific sessions were held
- **44** oral abstract presentations
- Nearly **73** E-poster presentations

Consensus Statement of the Saudi Association of Neurological Surgery (SANS) on Triage of Neurosurgery Patients During COVID-19 Pandemic in Saudi Arabia

Khalid Bajunaid, MMgt, FRCSC, Abdulrahman J. Sabbagh, MBChB, FRCSC, Abdulrazag Ajlan, MSc, FRCSC, Hosam Al-Jehani, MSc, FRCSC, Ibrahim Alnaami, MSc, FRCSC, Yahya H. Khormi, MSc, FRCSC, Mohammed Bin Mahfoodh, MBBS, FRCSC, Abdulwahed Barnawi, MD, Ali Bin Salamah, MD, Abdullah Alobaid, MD, FRCSC, Mohammed S. Bafaquh, MD, Abdulrahman Y. Alturki, MSc, FRCSC, Ahmed Alkhani, MD, FRCSC, Husam Al-Habib, MD, Saleh Baesa, MBChB, FRCSC, Amro Al-Habib, FRCSC, MPH.

The COVID-19 pandemic presents a challenge to health care systems. Furthermore, healthcare systems have had to develop strict protocols for resource management and allocation. Caring for patients with neurosurgical conditions is certainly a challenge to healthcare providers at the time of the pandemic. Therefore, the Saudi Association of Neurological Surgery (SANS) has commissioned a task force to provide a consensus statement to serve as guide for health care providers and hospitals.

The SANS statement aims to provide essential neurosurgical care while taking into consideration all the precautions set in place by the government and hospitals to limit the spread of COVID-19 infection and avoid overloading the healthcare system.

Read more:

<http://www.nsj.org.sa/PDFFiles/Apr20/06COVID19-Report.pdf>

Consensus Statement of (SANS) on Triage of Neurosurgery Patients During COVID-19 Pandemic in Saudi Arabia **Continued****Table 1** - Prioritization of neurosurgical cases based on color domains and priority categories *Patients must be treated as soon as possible, **Patients can be treated up to/within 48 h

Priority	Definition	Procedure
Priority 1 (immediate or within 24 h)	Immediate: Acute life-threatening condition that needs immediate attention* Within 24 h: Loss of life or significant function that can be saved by intervention within 24 h	<p>Trauma:</p> <ul style="list-style-type: none"> •Acute TBI with EDH or SDH requiring surgery •Elevated ICP that cannot be controlled by medical/critical care •Insertion of an EVD or ICP monitoring for patients with severe injuries •Chronic SDH associated with neurological deficits •Open depressed skull fracture <p>Spine:</p> <ul style="list-style-type: none"> •Acute progressive neurologic deficits caused by trauma, tumor, infection, and other compressive pathologies interfering with the ability to perform activities of daily living <p>Oncology:</p> <ul style="list-style-type: none"> •All intracranial tumours affecting consciousness or causing hemodynamic instability due to increased intracranial pressure, hydrocephalus, or herniation * •Tumors causing acute vision loss caused due to optic nerve/chiasm compression <p>Vascular:</p> <ul style="list-style-type: none"> •Acute stroke thrombectomy* <p>•Coiling or clipping of a ruptured saccular aneurysm with subarachnoid hemorrhage</p> <p>•Craniotomy or embolization of a ruptured AVM with pre-nidal/nidal aneurysms</p> <ul style="list-style-type: none"> •Decompressive craniectomy or hematoma evacuation* <p>Pediatrics:</p> <ul style="list-style-type: none"> •Patients with acute high ICP caused by hydrocephalus or mass effect •Shunt malfunction/infection •Open neural tube defect (encephalocele, myelomeningocele) ** <p>Infections:</p> <ul style="list-style-type: none"> •Symptomatic intracranial or implant infections <p>Functional and epilepsy:</p> <ul style="list-style-type: none"> •Implant replacement [intrathecal baclofen pump (ITP), vagal nerve stimulation (VNS) and implanted pulse generator (IPG)] due to malfunction, infection, or non-functioning devices, when associated with symptoms or signs of therapy/medications' debridement <p>Peripheral nerve:</p> <ul style="list-style-type: none"> •Nerve repair for open sharp cut (clean) nerve injuries •Debridement and nerve tagging for open contaminated nerve injuries
Priority 2 (within 1 week)	Life or significant functional loss that can be saved by intervention within 1 week.	<p>Spine:</p> <ul style="list-style-type: none"> •Subacute progressive neurologic deficit (developed over few weeks) due to degeneration, trauma, or tumors •Spinal instability without neurologic deficit due to trauma, tumor, or infection •Suspected cancer or infection that needs biopsy or resection <p>Oncology:</p> <ul style="list-style-type: none"> •High grade primary brain tumors •Resection or biopsy for metastatic brain lesions <p>•All intracranial brain tumors causing acute or subacute progressive neurological deficits and/or aggressive radiological features</p> <p>Vascular:</p> <ul style="list-style-type: none"> •Complex ruptured intracranial aneurysm requiring special preparation or equipment <p>Functional and epilepsy surgery:</p> <ul style="list-style-type: none"> •Hardware replacement (ITP, VNS, and IPG) due to infection or malfunctioning or non-functioning devices, not associated with symptoms or signs of therapy or medications' debridement <p>Peripheral nerve surgery:</p> <ul style="list-style-type: none"> •Malignant peripheral nerve sheath tumor
Priority 3 (from 1 to 4 weeks)	Life or significant functional loss that can be saved by intervention within 1 month.	<p>Spine:</p> <ul style="list-style-type: none"> •Higher (worsening) chronic neurologic deficit or spinal instability (developed over few weeks) caused by degeneration, trauma, or tumors <p>Oncology:</p> <ul style="list-style-type: none"> •Newly diagnosed low-grade primary brain tumors <p>•Intracranial tumors with slowly progressive symptoms related to mass effect and/or radiological growth</p> <p>Vascular:</p> <ul style="list-style-type: none"> •Ruptured AVM with no nidus aneurysms •High grade dural AV fistulae with ICH <p>•Carotid revascularization (endarterectomy or stenting) for symptomatic carotid stenosis</p> <p>Pediatrics:</p> <ul style="list-style-type: none"> •Hydrocephalus with chronically elevated ICP •Craniosynostosis with evidence of high ICP <p>Functional and epilepsy surgery:</p> <ul style="list-style-type: none"> •Medically intractable severe epilepsy requiring urgent surgical intervention •Elective replacement of implants (ITP, VNS, and IPG)
Priority 4 (More than 1 month)	Cases where life or significant function would not be affected by waiting for more than 4 weeks	<ul style="list-style-type: none"> •Any neurosurgical procedure that can be delayed for more than 1 month •The patient's condition requires re-evaluation on a regular basis and the priority will change depending on the change in the condition
AVM - arteriovenous malformation, AV - arteriovenous, EDH - epidural hematoma, EVD - external ventricular drain, ICH - intracranial hemorrhage, ICP - intracranial pressure, SDH - subdural hematoma, TBI - traumatic brain injury		

PUBLIC EDUCATION

Public education serves the following purposes:

- Enable people to identify their health problems and prevent diseases.
- Raise the level of awareness about neurological issues among all segments of society.
- Help people to adopt positive attitudes towards their wellbeing.

COVID-19

“Simple actions to reduce the spread of the novel coronavirus disease” is the motto of these infographics. Public should be aware of these actions to be safe. To raise awareness of these actions, the content was shared on SANS twitter account.



CLINICAL CHALLENGE: FOR RESIDENTS

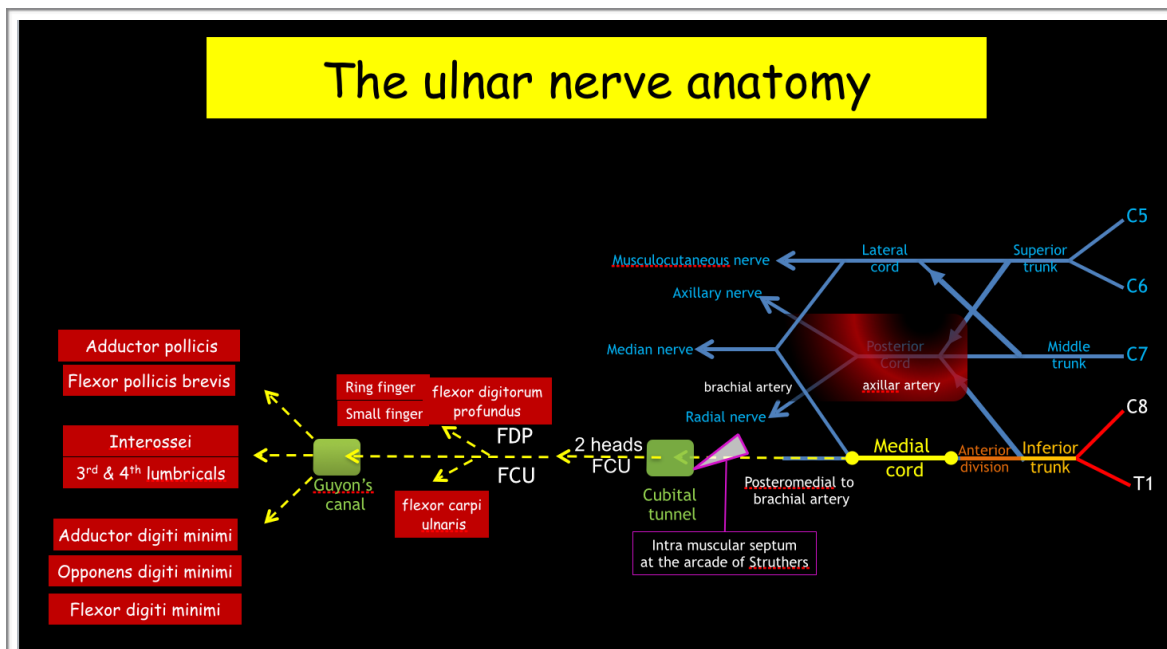
By : Dr. Mohammed Bafaqeeh | King Fahad Medical City

- 28-year-old female involved in car accident two weeks ago, woke up in the ICU . Three days later with weak upper extremities; no spine injury; no other injury.
- Physical exam findings: Tenderness and Pain at the medial elbow; with small swelling is notice, decreased sensation at ring and little fingers. Finding when the patient was asked to hold paper between thumb and index (picture). She is also, was not able to extend the Distal interphalangeal joints or adduct the fifth digit..



All of the following is correct except (Picture):

- A. This patient examination showing "Froment's sign".
- B. The abnormality is involving the left hand.
- C. The best management is surgical repair within the next seven days.
- D. The affected muscle shown is Adductor Pollicis.
- E. The involved nerve is ulnar nerve.



SANS Academy Residents Webinars

SANS is committed to providing medical information on the situation with COVID-19 to the neurosurgeons of tomorrow using electronic communication platforms. SANS Academy conducted various webinars attended by more than 2000 participants.



MONTH	TOPIC	PRESENTER
MARCH	<ul style="list-style-type: none"> • Craniocervical and cervical spine fractures • Subarachnoid hemorrhage 	<ul style="list-style-type: none"> • Dr. Amro Al-Habib • Prof. Bassem Sheikh
APRIL	<ul style="list-style-type: none"> • Penetrating Head InjuryNeuroLife Spine Trauma Course • Trigeminal neuralgia • Acute ischemic stroke, carotid dissection, tandem occlusion • Brain Stem Anatomy • Subaxial Cervical Fracture classifications- and decision making • Overview of the new WHO classifications of CNS Tumors in adults with case discussion • Chronic subdural hematoma, surgical and Endovascular cases • Brainstem Anatomy (surgical) • Degenerative spondylolethesis • Diffuse Low Grade Glioma • Overview of the new WHO classifications of CNS Tumors in pediatric • Vascular Malformation • Ground Round (Oncology & Skull Base) 	<ul style="list-style-type: none"> • Dr. Yahya Khormi • Dr. Ahmed Alkhani • Prof. Bassem Sheikh • Dr. Mohammed Bafaquh • Dr. Abdulwahed Barnawi • Dr. Mahmoud Taha • Prof. Bassem Sheikh • Dr. Mohammed Bafaquh • Dr. David Pinilla • Dr.Abdulrazag Ajlan • Dr. Mahmoud Taha • Prof. Bassem Sheikh • Dr.Abdulrazag Ajlan, Prof.Sherif Elwatidy, Dr. Ibrahim Alnaami, Dr. Mohammed Bafaquh. Dr. Faisal Farrash , Dr.Gmaan Alzhrani, Dr.Salah AlAkkad.
TOTAL OF PARTICIPANTS	2463	

CLINICAL CHALLENGE: THE ANSWER

Answer : c (which is not the best action)

The best management is surgical repair within the next seven days

Explanation:

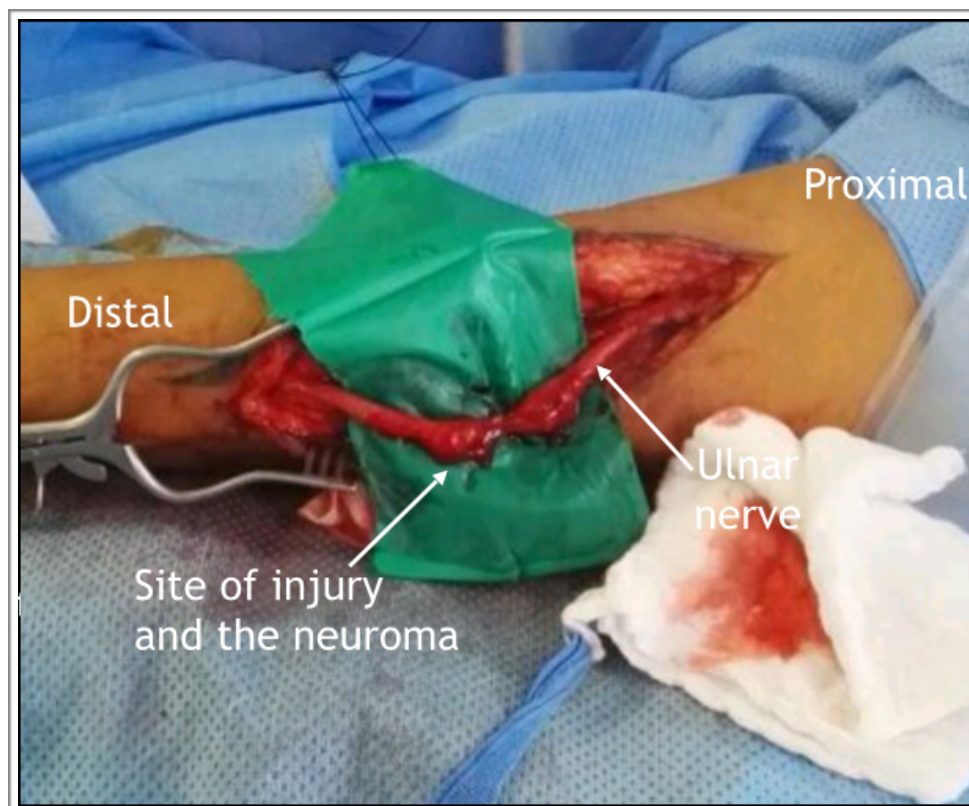
- This patient sustained a blunt injury to the ulnar nerve at the elbow level.
- The clinical examination showed clear ulnar nerve deficit that including: pain and swelling at the medial side of the elbow (cubital tunnel), lost sensation to the ring and little fingers, Weakness of the adductor polices muscle (Froment's sign) and adductor digiti minim muscle.
- The best management for this patient is to wait for three months to give chance of natural repair and nerve regeneration.

- Exploration done at four months and neuroma was found and removed; direct nerve repair was done.
- The expected satisfactory motor recovery is around 60% (with power of 4/5).

Category: Peripheral nerve anatomy, ulnar nerve injury and physical examination.

Level of difficulty: Postgraduate year 3.

Reference: Lan, Ching-Yu MD; Prognosis of Traumatic Ulnar Nerve Injuries; A Systematic Review. Annals of Plastic Surgery: January 2019 - Volume 82 - Issue 1S - p S45-S52.



Obituary



James T. Goodrich
(1946-2020)

By : Dr. Ahmed AlFerayan

Dr. James T. Goodrich was an American neurosurgeon and historian. He was born on April 16, 1946 and died on March 30, 2020 at aged of 73 due to COVID-19 complications. He was the director of the Division of Pediatric Neurosurgery and Professor of Clinical Neurological Surgery, Pediatrics, Plastic and Reconstructive Surgery at the Albert Einstein College of Medicine. He completed his undergraduate work at the University of California, Irvine and his graduate studies at the Graduate School of Arts and Sciences of Columbia University receiving a Masters and Doctorate of Philosophy. He received his Doctorate of Medicine from Columbia University College of Physicians and Surgeons. Intern and residency training was completed at Presbyterian Hospital in New York City and the New York Neurological Institute. Dr. Goodrich also held the rank of Professor Contralto of Neurological Surgery at the University of Palermo in Palermo, Italy. He had a particular interest in complex craniofacial anomalies being a central member of the Craniofacial Centre at Montefiore. He had advanced the surgical techniques used for repair of these conditions. He had authored numerous book chapters and articles on the subject, and was known internationally as a prominent lecturer on the topic.

I have the chance to know and work with him from 2014 to 2016, as we together separated two sets of Craniopagus. The first one done in 2014 (Rana and Raneem), and the second one done in 2016 (Tuga and Yageen).

As a person, he was one of most humble and down to earth people I have ever met. He was an excellent teacher and exceptional mentor. The world of neurosurgery has lost a very valuable surgeon and scientist.

He was a pioneer and world authority in Craniopagus surgery and advocate of staging of any separation. He published the classification of different forms of Craniopagus.

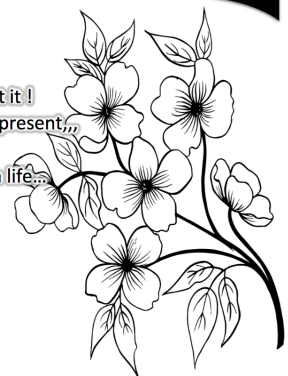
NEUROSURGERY COMMUNITY

A daughter of a health care worker pays tribute: 'You are a doctor with life watering us till we grow'

As the whole world battles COVID-19 outbreak, health care workers are the ones on the front lines in the fight against the corona virus disease. Any expression of gratitude and appreciation would make a difference. Dr. Mohammed Bafaqeeh's daughter has done artwork to show her appreciation and shared her encouraging words.

To my father (The Neurosurgeon)

Some mornings I wake up...
and you are there with a soft smile,
many other mornings you are not,,, do not worry I get it !
every night you come home,,, you come home with a present,,,
a present I call "love with no end to it"
after a long day and many hours of operating, saving a life...
I want you to know, because of you I am a poet...
now you might wonder, how is that so?
you are a Doctor with life watering us till we grow...
working hard like no other, giving us all hope,,,
you're a Neurosurgeon, but a Father before all.



- Roba Bafaqeeh, Riyadh, 2020

2020 EVENTS

Due to the Coronavirus/ COVID-19, many large in person meetings are postponed or cancelled. The safety of people is of paramount importance during this challenging time.

International Events

EVENT	STATUS UPDATES	PLACE
The Society of Neurological Surgeons	Cancelled	Philadelphia
The 2020 American Association of Neurological Surgeons Annual Scientific Meeting	Cancelled	Boston
The 2020 Congress of Neurological Surgeons	Sep 12-16 ,2020	Miami, Florida

SANS UpComing Events

For further information and latest news , please visit our website and twitter account.

CONTACT INFORMATION

Let's help you to make a difference in the neurological surgery field, whatever your interest, you can help further our mission by supporting our newsletter in submitting articles and reviewing research. We always strive to make our newsletters more than just newsletters by being informative and using them to serve the field of Neurological Surgery. Having said that, we are always open to any ideas that will help us improve our newsletter.

For more information ,you can reach us at :



SANS.newsletter@sans.org.sa



<http://www.sans.org.sa>



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