

SANS NEWSLETTER



ISSUE 3 AUGUST, 2020

In This Issue...

Calling All Residents.....	1
Neurosurgery Final Written Examination.....	2
Untangling The Controversy in Intracerebral Hemorrhage Management	4
Evidence-Based Guidelines Update: MMC.....	6
Public Education.....	8
Clinical Challenge.....	9
SANS Academy: YouTube Channel.....	10
SANS Academy Residents Webinars.....	11
Neurosurgery Community	13
Book Shelf.....	14
Obituary.....	15
Calling For Contribution	16

LIFE AFTER COVID-19

The **COVID-19** pandemic had created significant shifts in people's lives. With no cure in sight, How will the way we engage with physical environments and services change?

On June 21, 2020 Saudi Arabia set out the third phase of its unlock strategy in facing the novel coronavirus (**COVID-19**) Pandemic to return life in the Kingdom to the new normal.

What is the new normal like?

We return to normalcy, but carefully through applying precautionary measures to our day-to-day lives.



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CALLING ALL RESIDENTS

Residents are welcome to submit their papers on issues related to Neurosurgery. Contributions can be scientific or practice descriptions. No particular format is required for the submissions although we request the article length to be not more than two pages.

We would love to hear about your experiences and look forward to an enthusiastic participation from you all.

RESIDENTS



WOULD
YOU LIKE
TO SHARE
YOUR
EXPERIENCE
OR KNOWLEDGE?

A few things to keep in mind:

- Articles may be edited for readability considerations
- Please provide your name and contact information
- Please supply your own title and byline (author's name)

If you have a knack for writing and want to make a difference, please reach us [here](#)

Be Part Of It

We are glad to announce that SANS Newsletter will issue **Certificates of Contributions** for residents. The final decision on what gets published and who earns a certificate is with the editorial board members.



NEUROSURGERY FINAL WRITTEN EXAMINATION

By: The Editorial Board

SAUDI BOARD

Neurosurgery Final Written Examination



Format

Consists of two papers each with 100 MCQs (select best answer)



Content

A 100 MCQs in each paper (includes clinical scenarios with single best answer out of four options).



Passing Score

The passing score is 70%



Set
goals

Prepare
well

Study
smart

A Message from The Editorial Board

Our prayers go out to our residents in their exam. It's time to demonstrate your understanding of all that you have learnt. Remain focused and do it well.

May Allah turn your efforts into good achievements . All the best.

a. Discover Your Learning Styles

It is important to consider the effective techniques that work best for you in the early stages of preparing for board exams. By understanding your own learning styles, you can employ techniques that will improve the quality of your studying.

b. Start a study group

Prepare for board exams with a study group helps you to eliminate procrastination. By teaching your friends some topics, you automatically gain perspectives on the subject

c. Self-testing strategy

Challenge yourself with a practice exam that simulates the actual test environment. Answering MCQs is an important method for board exam preparation. It is also considered to be a teaching tool by providing detailed explanations of the correct answer.

PREPARATION
TIPS

IMPROVE
YOUR
PRODUCTIVITY!

Neurosurgery Final Written Examination **Continued**

Section	%
Clinical and Operative Neurosurgery	
Neurovascular	10%
Neuro-oncology	10%
Cranial Trauma	5%
Pediatric Neurosurgery	10%
Spine	10%
Infection	5%
Functional Neurosurgery	5%
Peripheral Nerve	5%
General Neurosurgical Principles/ Neurosurgical Approaches/ Adjuvant Therapies	5%
Basic Neurosciences and Practice related topics	
Neuro-Anatomy / Neurosurgical Anatomy	10%
Neuropathology & Molecular Biology/ Neuroradiology & Diagnostic Approaches	10%
Pathophysiology/ Neurophysiology/ Neurology	5%
Neurocritical & General Care/ Pharmacology/ Neuro-Anesthesia	5%
Research, Ethics & Professionalism and Patient Safety	5%
Total	100%

Note: Blueprint distributions of the examination may differ up to +/-3% in each category

Suggested References

1.Youman's Neurological Surgery latest edition
 2.Schmidek and Sweet: Operative Neurosurgical Techniques
 3.Handbook of Neurosurgery by Mark Greenberg
 4.Neuropatholog : A Reference Text of CNS Pathology: by

David Ellison and Seth
 5.Barr's The Human Nervous System by John Kiernan
 6.WHO Classification Tumours of the Central Nervous System. The

International Agency for Research on Cancer
 7.Rhoton's Cranial Anatomy and Surgical Approaches by Albert Rhoton
 8.Professionalism and Ethics, Handbook for

Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
 9.Essentials of Patient Safety, SCFHS, Latest Edition.

Note: This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.

Source Reference

Untangling The Controversy in Intracerebral Hemorrhage Management: 5 Decision Points All of Us Should Know

By: Dr.Hosam AL-Jehani
King Fahd Hospital of The University
AL Khobar

The management of any patient with an intracerebral hemorrhage is fraught with controversy from the outset. This spans the medical or surgical management, best imaging modalities and short-term preventive measures.

The intent of this summary is to highlight the decision points for each patient journey, and emphasize the aspects to consider.

1 Prehospital and emergency room evaluation

- a. Should focus on maintaining the airway especially in patients with decreased level of consciousness
- b. Quick history focusing on the premorbid condition, onset details and medication history
- c. Exam should include GCS and NIHSS
- d. Obtain the CT scan early along with a CT angiogram (spot and leakage signs) as it might help predict hematoma expansion (which occurs in 30% of patients within the first 6 hours) (1-2). It is also important to exclude the presence of an underlying vascular pathology that might change the management priorities.

2 Active measures after the diagnosis of ICH

- a. rapid lowering of blood pressure to a systolic blood pressure <140 within 1 hour. (3-4)
- b. reverse coagulopathy. this is important as about 20% of patients with ICH are on a blood thinner (anticoagulant or anti-platelets) (5)

3 Evacuate or wait

There is a lot of controversy regarding the issue of the surgical intervention for spontaneous ICH.

The 2 points to consider when making the decision:

- a. proximity or breach to a cortical surface
- b. tissue shift with risk of herniation.

Few studies to understand:

3.1 ISTICH and the subsequent STICH II trials. On subgroup analysis shows a small survival benefit in patients with superficial lobar hemorrhages without significant improvement in functional outcomes. (6)

3.2 MISTIE II trial evaluated stereotactic clot catheterization and intermittent dosing of rtPA and showed a trend towards improved outcomes in the surgical patients (7)

3.3 It is well established that cerebellar hematomas has a lower threshold for evacuation due to the risk of brainstem compromise (8).

3.4 CLEAR III addressed the insertion of EVDs to accelerate the clearance of the intraventricular extension of the ICH. It showed reduction in mortality and no functional outcome benefit. (9)

Untangling The Controversy in Intracerebral Hemorrhage Management **Continued**

4**Adjuncts to management**

- d. proper glucose control
- e. proper temperature control
- f. Hyperosmolar therapy to control peri-hematoma edema
- g. anti-epileptic medication in patients presenting with seizures or altered sensorium

In general, all the resumption should be done after obtaining a brain CT scan or an MRI to help confirm the resolution of ICH prior to resuming the blood thinners. With certain individual patient variability, the resumption can take place between 2 and 4 weeks without significant increase in thromboembolism. (9)

5**Return of anticoagulant and anti-platelets****This is an important decision point.**

The decision to restarting OAC and anti-platelets should be taken by a multidisciplinary team of stroke physicians, neurologists, cardiologists, neuroradiologists, and neurosurgeons.

It takes into consideration 2 important scores:

- h. the CHA²DS²-VASc score = congestive heart failure, hypertension, age ≥75 years, type 2 diabetes, previous stroke/transient ischemic attack/thromboembolism, vascular disease, age 65~74 years, and gender category.
- i. HAS-BLED score = Hypertension, Abnormal Renal/Liver Function, Stroke, Bleeding History or Predisposition, Labile INR, Elderly, Drugs/Alcohol Concomitantly.

Any score of 3 or more is significant.

Further reading

10. Ryan Wada , Richard I. Aviv , Allan J. Fox , Demetrios J. Sahlas , et al, CT Angiography "Spot Sign" Predicts Hematoma Expansion in Acute Intracerebral Hemorrhage. *Stroke*. 2007 Apr;38(4):1257-62
11. Kimihiko Orito, MD, Masaru Hirohata, MD, Yukihiko Nakamura, MD, et al.; Leakage Sign for Primary Intracerebral Hemorrhage, A Novel Predictor of Hematoma Growth. *Stroke*. 2016 Apr; 47(4): 958–963.
12. Hemphill JC 3rd, Greenberg SM, Anderson CS, Becker K, et al, Guidelines for the Management of Spontaneous Intracerebral Hemorrhage: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*. 2015 Jul;46(7):2032-60.
13. Steiner T, Al-Shahi Salman R, Beer R, Christensen H, et al, European Stroke Organisation (ESO) guidelines for the management of spontaneous intracerebral hemorrhage. *Int J Stroke*. 2014 Oct;9(7):840-55
14. Dastur CK, Yu W. Current management of spontaneous intracerebral hemorrhage. *Stroke and Vascular Neurology* 2017;2: e000047.
15. Mendelow AD, Gregson BA, Rowan EN, et al. Early surgery versus initial conservative treatment in patients with spontaneous supratentorial lobar intracerebral haematomas (STICH II): a randomised trial. *Lancet* 2013;382:397–408.
16. Mould WA, Carhuapoma JR, Muschelli J, et al. Minimally invasive surgery plus recombinant tissue-type plasminogen activator for intracerebral hemorrhage evacuation decreases perihematomal edema. *Stroke* 2013;44:627–34.
17. Becker KJ, Baxter AB, Bybee HM, et al. Extravasation of radiographic contrast is an independent predictor of death in primary intracerebral hemorrhage. *Stroke* 1999;30:2025–32.
18. Yan-guang Li, Gregory Y. H. Lip; Anticoagulation Resumption After Intracerebral Hemorrhage. *Curr Atheroscler Rep*. 2018; 20(7): 32

EVIDENCE-BASED GUIDELINES UPDATE : MYELOMENINGOCELE

By : Dr. Yaser Babgi
King Fahad Medical City | KFMC
Riyadh

Neural tube closure defects are a common birth defect of the central nervous system that occur in 0.5-10/1000 birth. Open spina bifida is the commonest type and the most severe form. The risk increased significantly in low socioeconomic society due to low intake of vitamins and food and problem in access to medical care. This guideline was developed by the Section of Pediatric Neurological Surgeons of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) on September 2019.

Classification of Evidence on Diagnosis

Class I Evidence Level I (or A) Recommendation	Evidence provided by one or more well-designed clinical studies of a <i>diverse</i> population using a “gold standard” reference test in a blinded evaluation appropriate for the diagnostic applications and enabling the assessment of sensitivity, specificity, positive and negative predictive values, and, where applicable, likelihood ratios.
Class II Evidence Level II (or B) Recommendation	Evidence provided by one or more well-designed clinical studies of a restricted population using a “gold standard” reference test in a blinded evaluation appropriate for the diagnostic applications and enabling the assessment of sensitivity, specificity, positive and negative predictive values, and, where applicable, likelihood ratios.
Class III Evidence Level III (or C) Recommendation	Evidence provided by expert opinion or studies that do not meet the criteria for the delineation of sensitivity, specificity, positive and negative predictive values, and, where applicable, likelihood ratios

Classification of Evidence on Therapeutic Effectiveness

Class I Evidence Level I (or A) Recommendation	Evidence from one or more well designed, randomized controlled clinical trial, including overviews of such trials.
Class II Evidence Level II (or B) Recommendation	Evidence from one or more well-designed comparative clinical studies, such as non-randomized cohort studies, case-control studies, and other comparable studies, including less well-designed randomized controlled trials.
Class III Evidence Level III (or C) Recommendation	Evidence from case series, comparative studies with historical controls, case reports, and expert opinion, as well as significantly flawed randomized controlled trials.

MOMS eligibility criteria

Inclusion Criteria	Select Exclusion Criteria
<ul style="list-style-type: none"> Myelomeningocele (including myeloschisis) at level T1 through S1 with hindbrain herniation Maternal age ≥ 18 years Gestational age at randomization of 19–25 weeks Normal Karyotype 	<ul style="list-style-type: none"> Non-resident of the United States Multifetal Pregnancy Obesity defined as BMI ≥ 35 Lack of support person (e.g., husband, partner, mother) Inability to comply with the travel and follow-up requirements Failure to meet psychosocial criteria for the trial (as determined by a psychosocial interviewer)

Evidence Based-Guidelines Update: MMC **Continued****RECOMMENDATIONS****1****Question**

Does prenatal closure of the myelomeningocele decrease the incidence of postnatal hydrocephalus?

Answer

Prenatal repair of myelomeningocele is recommended for those fetuses who meet maternal and fetal MOMS specified criteria for prenatal surgery to reduce the risk of developing shunt-dependent hydrocephalus **(Level I)**. Differences between prenatal and postnatal repair with respect to the requirement for permanent cerebrospinal fluid diversion should be considered along with other relevant maternal and fetal factors when deciding upon a preferred method of myelomeningocele closure.

2**Question**

Does prenatal closure of MMC increase the chance of ambulation?

Answer

1. When possible, for prenatally diagnosed fetuses with myelomeningocele who meet maternal and fetal MOMS study inclusion criteria, prenatal closure of myelomeningocele should be performed, which may improve ambulatory status for patients in the short term (at 30 months of age) **(Level II)**
 2. Long term benefit for ambulatory status with prenatal closure is unknown. Children who have had either prenatal or postnatal closure should be carefully followed for the development of tethered spinal cord with the associated loss of ambulatory function **(Level III)**.

3**Question**

Should we close the MMC within 48 hours after birth?

Answer

1. There is insufficient evidence to confirm that closure of myelomeningoceles within 48 hours decreases the risk of wound infection.
 2. It is recommended that if myelomeningocele closure is delayed beyond 48 hours, antibiotics should be initiated. **(Level III)**

4**Question**

Does neurocognitive development of patient with MMC and hydrocephalus adversely affected by the persistent large size of ventricles?
 In myelomeningocele patients with hydrocephalus, does persistent enlargement of the ventricles adversely impact neurocognitive development?

Answer

Currently, there is insufficient data to conclude that ventricular size and morphology impact neurocognitive development.

5**Question**

Does prenatal myelomeningocele closure affect the rate of development of tethered cord syndrome in infants?

Answer

Continued surveillance for tethered cord syndrome and/or the development of inclusion cysts in children with prenatal and postnatal closure of myelomeningocele is indicated **(Level II)**, as there is evidence that prenatal closure increases the risk of recurrent tethered cord over the baseline rate seen with postnatal closure.

References

PUBLIC EDUCATION

POST-COVID19 ERA

Life After Covid-19



How to make cautious return to normal life?

Wear a cloth mask in public to limit the spread of COVID-19

General Recommendations:

1. Self-isolate when you have close contact with someone that has COVID-19 or have symptoms such as cough, fever and difficulty breathing, and seek medical attention by calling 937 to follow their directions.
2. Wear a cloth mask.
3. Regularly and thoroughly clean your hands using:

soap and water for 40 seconds

An alcohol-based hand rub for 20 seconds
4. Avoid shaking hands and hugs.
5. Avoid touching eyes, nose and mouth before washing your hands.
6. Follow good respiratory hygiene by covering your mouth and nose with your flexed elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
7. Maintain at least 2 metres (6 feet) distance between yourself and others.
8. Avoid going to crowded places.
9. Don't share your personal items with others.



الحياة بعد جائحة كورونا

أعلنت المملكة العربية السعودية عن رفع الحظر الكلي يوم الأحد الموافق 21 يونيو من عام 2020 حيث تعود الأنشطة الاقتصادية والتجارية لوضعها السابق (مع الاستمرارية في تطبيق الاحترازات الوقائية للحد من انتشار فيروس كورونا المستجد (كوفيد-19)

كيف نعود بحذر ؟

حتى نعود بحذر التزم بلبس الكمامة القماشية عند خروجك من المنزل

توصيات عامة



- 1- تجنب الآخرين و الاتصال بـ 937 عند مخالطة حالة أو ظهور أعراض

كحة حرارة ضيق في التنفس

- 2- لبس الكمامة القماشية

- 3- الحرص على نظافة اليدين

أو استخدام معقم اليدين الكحولي لمدة 20 ثانية

بغسلهما بالماء والصابون لمدة 40 ثانية

- 4- عدم المصافحة والعناق
 5- تجنب لمس العينين والأنف والفم قبل غسل اليدين
 6- الالتزام بأداب السعال و العطاس بتغطية الفم و الأنف بالمنديل و التخلص منه مباشرة، أو بباطن المرفق ثم غسل اليدين
 7- ترك مسافة آمنة بينك والآخرين لاتقل عن 2م
 8- الابتعاد عن التجمعات
 9- عدم مشاركة الأدوات الشخصية مع الغير

المصدر: وزارة الصحة السعودية

Preventive Measures To Limit The Spread of the novel coronavirus (COVID-19)



What to consider before venturing out

- Not to go outside unless necessary
- Wear a cloth mask covering and have an extra one
- Use a hand sanitizer



Eating out

- Make a reservation prior to dining
- Use electronic payment options
- Wear a cloth mask and have an extra one
- Ask for single-use food service items such as utensils
- check customers' temperatures
- No more 4 people in group gatherings



Returning to the Workplace

- Avoid shaking hands and hugs
- Avoid close interactions with others and maintain physical distancing
- Limit the number meetings and attendees
- Disinfect high-touch surfaces
- Ensure that ventilation systems operate properly



Praying in a mosque

People who shouldn't pray in the mosque :

- Elderly people
- People who have chronic diseases
- Children under 15
- People who develop COVID-19 symptoms

Bring personal items such as:

- A prayer mat
- The holy Quran
- A hand alcohol sanitizer
- An extra cloth mask
- Perform Wudu (ablution) at home
- Avoid shaking hands and hugging.

احترازات الوقائية من انتشار فيروس كورونا المستجد

ماذا أفعل عند الخروج من المنزل؟

- عدم الخروج إلا للضرورة
- أخذ كمامة قماشية إضافية
- أخذ معقم يدين كحولي

ماذا أفعل عند الذهاب إلى المطاعم والمقاهي؟

- الحجز المسبق و الحضور على الموعد
- الدفع إلكترونياً
- أخذ كمامة قماشية إضافية
- استخدام الأدوات ذات الاستخدام الواحد
- قياس درجة الحرارة عند المداخل
- لا يزيد عدد المجموعات عن أربع أشخاص

ماذا أفعل عند الذهاب للعمل؟

- عدم المصافحة والعناق
- منع التجمع في الممرات
- تقليل الاجتماعات المباشرة
- تقليل أعداد الحضور للاجتماعات
- الانصراف مباشرة فور الانتهاء
- تعقيم الأسطح بالمعقمات المخففة
- تهوية غرف الاجتماعات

ماذا أفعل عند الذهاب للمسجد؟

- عدم ذهاب:
- كبار السن
- المصابين بأمراض مزمنة
- الأطفال الأقل من 15 عاماً
- من يظهر عليهم أعراض حرارة - كحة - ضيق في التنفس

إحضار الأدوات الشخصية، وتشمل:

- سجادة - مصحف - معقم يدين كحولي - كمامة قماشية إضافية - الوضوء في المنزل
- تجنب المصافحة والعناق

المصدر: وزارة الصحة السعودية

CLINICAL CHALLENGE FOR RESIDENTS

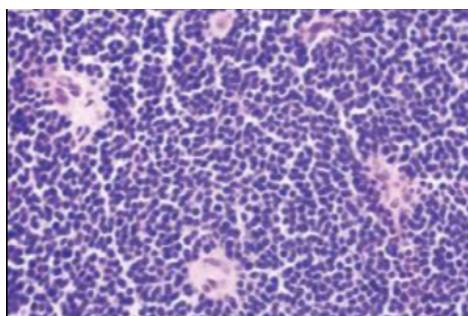
By : Dr.Mohammed Bafaqeeh

King Fahad Medical City | KFMC

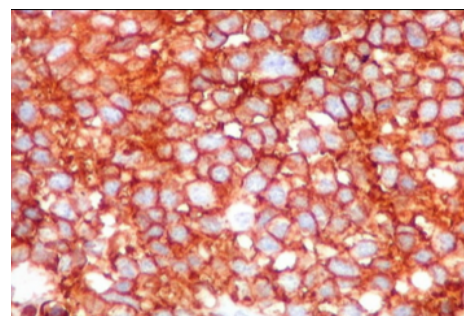
Riyadh

- ▶ 35 year old female.
- ▶ Present to the ER with headaches and visual disturbance for two months.
- ▶ Physical exam findings: grade III Papilledema, upward gaze palsy, pupillary light-near dissociation (pupils respond to near stimuli, but not light) and convergence-retraction nystagmus.

- List three differential diagnosis for this lesion?
- Name three tumor markers that can help with the diagnosis?
- Based on the pathology slide, what is the definitive diagnosis?
- Outline your management for this patient in five categories?



H&E



synaptophysin

SANS ACADEMY Introduces Its YouTube Channel



**By : Dr. Husam ALhabib,
Dr. Sulaiman ALhabib Hospital
AL Khobar**

The Academy of the Saudi Association of Neurological Surgery (**SANS Academy**) was established in 2017 as a platform for education and development of medical trainees and junior surgeons. Since its establishment, SANS has held more than 30 workshops and courses.

During the 2020 pandemic, SANS Academy was committed to support and promote education and training during the curfew. SANS has embarked on a course of action of finding state of the art alternatives to support and sustain training of resident and junior surgeons who were affected by the pandemic curfew.

Using various online platforms, series of lectures were conducted by leading speakers from different schools and different countries to audiences from different countries around the world.

SANS Academy has introduced its YouTube Channel in the year 2020, as part of its commitment to promote learning opportunities and make it easily accessible to all professionals worldwide. This channel has over 300 subscribers and 2383 views as of today.

To visit SANS Academy You Tube Channel :
[Click here](#)

SANS ACADEMY RESIDENTS WEBINARS



THANK YOU NOTE FROM THE EDITORIAL BOARD

AHMED AL AHMARI, Senior Neurosurgery Resident
King Faisal Specialist Hospital & Research Center | Riyadh

Doctor Ahmed has played a major role behind the success of these webinars. He has raised the bar with the quality of his work. We would like to

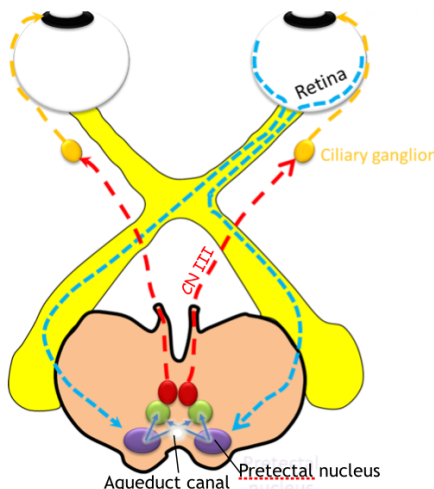
thank him for his enormous contribution. Our appreciation for Dr.Ahmed is much greater than these words. Keep up the excellent work!

MONTH	TOPIC	PRESENTER
MAY	<ul style="list-style-type: none"> • Adult Idiopathic Scoliosis • Spinal Tumor • Expanded transnasal approaches to the skull base in the Middle East: Where do we stand? • Craniosynostosis • Complex Thoracolumbar Approaches • Skull base repair and reconstruction: indications, methods, and case discussions. • What Most Spine Surgeons Don't Know About Cervical Radiculopathy: Localization of the Symptomatic Level" • Lessons learned • Academic publishing productivity during residency • Sacral Resection • Vasospasm in Subarachnoid Hemorrhage, time to unify our prospects 	<p>Dr.Lawrence G. Lenke</p> <p>Dr.Ali Baaj</p> <p>Dr. Abdulrazag Ajlan</p> <p>Prof. Saleh Baeesa</p> <p>Dr.Ali Baaj</p> <p>Dr. Mahmoud Taha</p> <p>Dr.K. Danial Riew</p> <p>Dr. Mohammed Bafaquh</p> <p>Dr.Naif M. Alotaibi</p> <p>Dr.Áron Lazáry</p> <p>Dr.Abdulrahman Y. Alturki</p>
JUNE	<ul style="list-style-type: none"> • The management of Glioblastoma in adults: current guidelines, controversies, and clinical tips • Spasticity Surgery • Cisternostomy in severe head injuries , Indications , surgical technique and limitations • Skull the rule of five • Unruptured Intracranial Aneurysms 	<p>Dr. Mahmoud Taha</p> <p>Dr. Abdulrahman Sabbagh</p> <p>Dr. Iype Cherian</p> <p>Dr. Mohammed Bafaquh</p> <p>Dr. Abdulrahman Alturki</p>
JULY	<ul style="list-style-type: none"> • Orbital Anatomy, the rule of Seven • Vagal Nerve Stimulation For Epilepsy 	<p>Dr. Mohammed Bafaquh</p> <p>Dr. Mahmoud Taha</p>

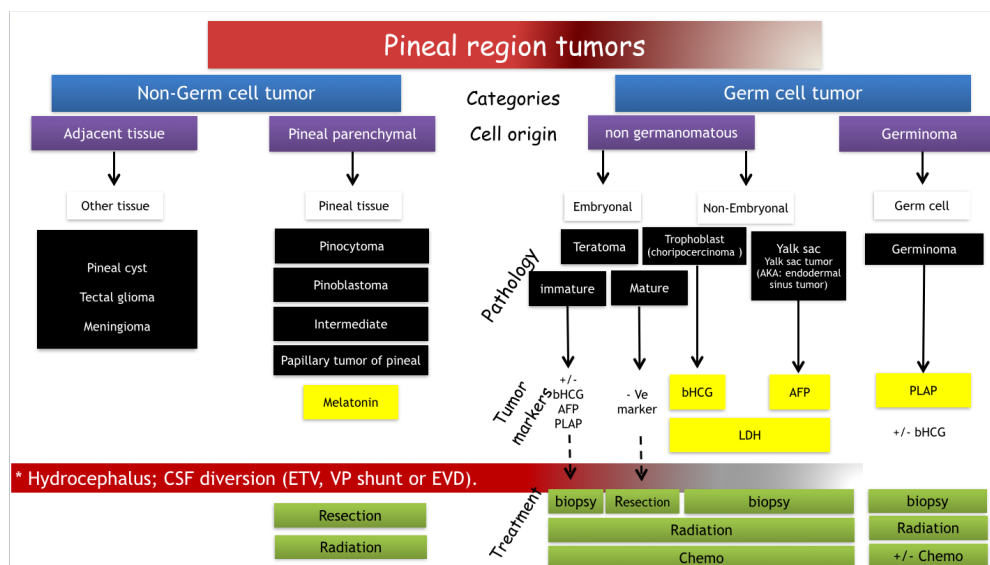
Explanation:

- High ICP clinical picture due to hydrocephalus.
- Classic triad of Parinaud syndrome (upward gaze palsy, pupillary light-near dissociation and convergence-retraction nystagmus).
- Both are secondary to a lesion present at the pineal region that can be seen in the T1-contracted MRI, which is causing significant

- Compression on the quadrigeminal plate caused the neurological deficit seen in Parinaud syndrome.
- Aqueduct canal compression ; caused hydrocephalus.



Radovanovic I, Pineal region tumors-neurosurgical review. Med Arh. 2009;63:171-3.



NEUROSURGERY COMMUNITY



Dr. Abdulhadi Algahtani
King Khalid National Guards Hospital | Jeddah

Dr Abdulhadi Algahtani has recently joined the section of Neurosurgery at King Khalid National Guards Hospital (KKNHG), Jeddah after completing a two year Skull Base Surgery and a one year Spine fellowships at Ottawa University, Canada. Dr Abdulhadi was one of the

excellent neurosurgical trainees in the Western Region. He passed the Saudi Board in Neurosurgery in 2016. He demonstrated a strong academic capabilities by passing the British FRCS (Surgical Neurology) as well as the European Certificate and

the Jordanian Board in Neurosurgery.

Dr Abdulhadi will undoubtedly prove to be an excellent addition to Neurosurgery at KKNHG and we wish him a good, long and fulfilling career.



Dr. Abdulrahman Nazer
Prince Sultan Military Medical City | Riyadh

Dr. Abdulrahman R. Nazer has completed his fellowships successfully in Functional and Epilepsy Surgery. We would like to extend our enthusiastic congratulations on his hard work. We look forward to the contributions he will make to our specialty, and the improvements he will bring to patients' lives.

Medical School: Umm Al-Qura University, Makkah 2044-2010

Residency: Neurosurgery, Training Program of The Saudi Commission of Health Specialities 2011-2017

Fellowship: Clinical Fellow in Functional and Stereotactic Neurosurgery, Western University, London, Ontario, Canada 2018-2019

Clinical Fellow in Epilepsy Surgery, Western University, London, Ontario, Canada 2019-2020

Book Shelf

I Want To Be A Neurosurgeon

"I want To Be A Neurosurgeon". Lucia B. Bederson, Maria B. Bederson, Alister G.M.Sharp, Reece R.P.Sharp. Function Hospital Optimista.2020

Children have the ability to see everything with fresh eyes. Seeing the world from your children's perspective helps you to do better. Through the lens of 4 girls, this book takes you to the world of a medical profession.

Being a female neurosurgeon is interpreted purely through the prism of a child's perspective. It is a free book translated into more than 10 languages. Professor Najia El Abbadi has translated this work into Arabic.



Get this book
English
More languages



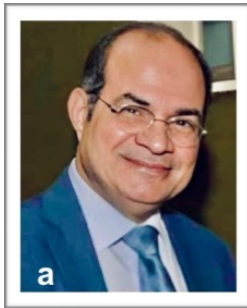
“ Very interesting idea. I read the Arabic version. I found It easy and simple. I'll start with my kids. It is nice to explain to them what we go through.”

Dr. Amro Al-Habib, MD, FRCSC, MPH. Associate professor and Head, Neurosurgery Division, Department of Surgery, College of Medicine, King Saud University.

“ It is very noble initiative to get children from different nations together through reading free good book.”

Professor Ahmed Ammar, M.B.Ch.B., D.M.Sc., FACS, FICS. A Consultant Neurosurgeon at Dammam University, Dammam, Saudi Arabia.

Obituary



Professor Essam Emara
(1956 - 2020)

By : Dr. Abdulrahman J. Sabbagh
King Abdulaziz University
Jeddah
Assistant Professor and Consultant
Neurosurgeon

“A brave surgeon and a goal driven human being”

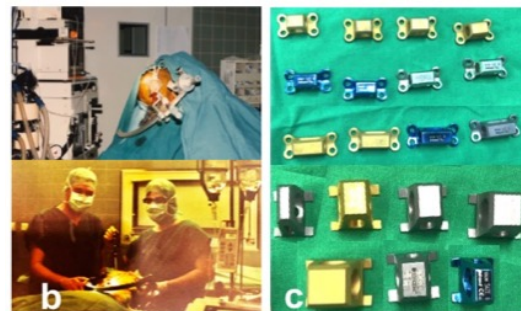
a description given by one of Professor. Essam Emara’s friends.

Professor Essam Emara ,(Figure a) passed away on Thursday, July second, 2020 AD in Cairo, Egypt, at the age of 64 years. He has joined the ranks of surgeons who have died due to COVID-19, and his and all their sacrifices will never be forgotten.

Professor Emara was born in Cairo in 1956. He graduated from Ain Shams University in 1980 and got his PhD in neurosurgery in 1990. He then came to Saudi Arabia where he worked as a neurosurgeon at the Saudi German Hospital (SGH) for 15 years. He obtained a stereotactic frame in 1992, making him one of the first neurosurgeons to apply functional stereotactic operations in the Western Region of Saudi Arabia despite practicing in a private institution (Figure b). Professor Emara helped Dr. Khalid Batterjee, the renowned orthopedic spine surgeon and a cofounder of SGH, to design and create their own cervical cages that were named the Khalid-

Batterjee-Emara (KBE)-Cervical discectomy and corpectomy Cages in 1992 that are still in use today (Figure c). This was at a time when titanium cervical cages were not commonly used commercially. His memory will be kept alive by his children, Abdelrahman, Mahmoud, Ahmed, Omar and Amr as well as his granddaughter Lara.

“Plant love and altruism, find loyalty and sincerity” is his last text message to one of his close friends.



Acknowledgement: The author would like to thank Professor Ashraf Ghobashy of Ain Shams University , Mr. Emad Emara -his brother- and Dr. Khalid Batterjee, for the valuable information and photographs. Ms. Rawaa Abduljabbar and Fatma A. Sabbagh are acknowledged for their help with the preparation of this manuscript.

CALLING FOR CONTRIBUTION

Do you want to share your Knowledge?

The editorial members invite you to send a contribution to work on the theme of **The Beginnings of Neurosurgery in Saudi Arabia**. Starting from the next upcoming issues , we are going to shed light on topics related to this theme. We cordially invite you to participate and write about (but not limited to) the following:

Descriptive writings about certain : Hospital, services, specialty, neurosurgeons, and departments.

2020 EVENTS

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