



المؤتمر اليمني الرابع

لجراحة المخ والأعصاب والعمود الفقري
The Fourth Yemeni Neurosurgery
Scientific Conference



المؤتمر اليمني الرابع لجراحة المخ والأعصاب والعمود الفقري The Fourth Yemeni Neurosurgery Scientific Conference

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يدّ تحمي ويد تبني .. تتخطى الحصار



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المؤتمر اليمني الرابع لجراحة المخ والأعصاب والعمود الفقري

برعاية المشير الركن

مهدي محمد المشاط - رئيس المجلس السياسي الأعلى
ودولة رئيس الوزراء أ.د. عبدالعزيز صالح بن حبتور
ومعالي وزير الصحة العامة والسكان أ.د/ طه أحمد المتوكل

وتحت إشراف المجلس الطبي الأعلى
وبالشراكة الأكاديمية لجامعة ٢١ سبتمبر

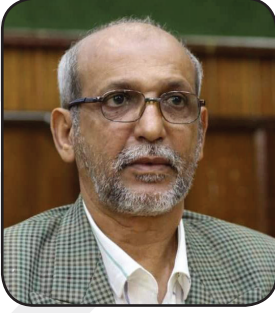


كلمة معالي وزير الصحة

في ظل التحديات الهمّة التي تواجهها بلادنا، ونحن في العام الثامن من العدوان او بمعنى اصح وادق في العام الثامن من الصمود، نشاهد ونسمع عن الانتصارات المتحققة في جبهات العزة وميادين الشرف ومواطن الجهاد التي يحققها مجاهدونا من ابطال الجيش واللجان الشعبية، وماحققته الصناعة العسكرية من انتصارات غيرت المعادلات وموازين القوة، نحن في الجبهة الصحية لا بد لنا أن نواكبها بانتصارات صحية، في مختلف المجالات، ولقد عودتنا الجمعية اليمينية لجراحي المخ والاعصاب والعمود الفقري بتحقيق انجازات ساهمت في تطوير وتنمية قدرات الكثير من الاطباء في هذا المجال، وساعدت في الحفاظ على الكثير من الزملاء الذين اثبتوا انتماءهم ووطنيتهم وعطاءهم لبلدهم وابناء شعبهم، من الهجرة و محاولات الاستقطاب الخارجية من قبل دول العدوان، مفضلين البقاء والاستمرار في وطنهم. ورفض كل المغريات المادية والمعنوية، ان انعقاد المؤتمر الرابع يعتبر ثمرة و نتوجيا لنتائج عملكم السنوي من الأبحاث المميزة، وخاصة في مجال الجراحة العصبية ويعتبر إضافة نوعية وعملية لتطوير القطاع الطبي. والذي يعتبر استمرارا لسياسة الوزارة في مجال التأهيل والتعليم الطبي المستمر. كما ان حرص الجمعية على اقامة مثل هذه المؤتمرات لهو بحد ذاته انتصار لاطباء وجراحي المخ والاعصاب والعمود الفقري الذين، نفتخر ان فيهم حقيقة، كوادر كفاءة واستاذة بل و علماء في مجال تخصصهم الذي يعتبر من التخصصات الطبية الدقيقة، ولاشك ان هذا المؤتمر الهام واستضافته لنحو مشارك من علماء واستاذة جراحة المخ والاعصاب والعمود الفقري من عدد من دول العالم لهو بحد ذاته انتصار وكسر للحصار المفروض على بلادنا، كما جاء في شعاره يدا بيد لكسر الحصار، والذي منع من وصول ابسط المستلزمات والاجهزة الطبية الضرورية، ومنع ايضا وصول الدواء للكثير من مرضى الامراض المزمنة المنقذة للحياة .. ونحن في وزارة الصحة العامة والسكان نشجع ون تدعم اقامة مثل هذه المحافل الطبية والعلمية والتي تهدف الى تبادل الخبرات والتجارب العلمية في جراحة المخ والاعصاب والعمود الفقري، وماتوصل اليه هذا العلم والمجال من طرق علاجية وتشخيصية، يمكن ان يستفيد منها علماءنا واطباؤنا في جراحة المخ والاعصاب والعمود الفقري، ولا يفوتني ان اتطرق الى ماحققته الوزارة في جانب تأهيل وتدريب الكوادر الطبية من خلال المجلس اليمني للاختصاصات الطبية وفتح مساقات في مختلف التخصصات ومنها النادرة خاصة في الفك والوجهين والأوعية الدموية والحروق وغيرها .. ولايسعني في الاخير ان اهنئكم على جهودكم ونتمنى لمؤتمركم هذا النجاح وتؤكد اهمية الاستفادة من محاضراته واوراقه وبحوثاته لما يسهم في تنمية قدراتكم ومستوياتكم بما يعود بالنفع والفائدة للارتقاء بمجال جراحة المخ والاعصاب والعمود الفقري خصوصا والقطاع الطبي عموما والسلام عليكم ورحمة الله وبركاته .

أ.د. طه المتوكل

وزير الصحة



كلمة رئيس الجمعية اليمنية لجراحي المخ والأعصاب: أ.د. قاسم صالح الأصبحي

Since the establishment of the Yemen Neurological surgeons Association (YNSA) twenty years ago as a social and scientific framework for doctors working in the neurosurgery in various regions of Yemen and abroad, it has witnessed many activities that enhance the performance level of its members, increase their numbers, and provide the best services and care for patients. Introducing the Arab and Yemeni fellowship course for neurosurgery had a great impact on that and led to the expansion of the service provided by the Yemeni neurosurgeons locally and most of the neighboring regions and other foreign countries in light of the rapid development in the field.

Since the first scientific conference was held with the thirteenth conference of the Arab Association for Spine Surgery in Sana'a in October 2008, many scientific events have taken place and culminate today in the fourth conference of the association in coordination with the Yemeni Medical Council as a qualitative scientific event at the local, Arab and international levels because of the high-level research it contains that reflects the latest findings in Neurosurgery, with the participation of a group of pioneers of Arab and international neurosurgery.

As we look forward to our doctors benefiting from these experiences to work on and to reflect them in the services they provide to patients and improving the quality of performance

Finally, we pray for our late colleagues who founded the association, may Allah bless them with His mercy; Dr. Mohammed Al-Aqel, Dr. Mohsen Al-Haqbi, Prof. Amin Al Kamaly and Dr. Suleiman Bashkeer.

We wish our fourth conference success. Without active participation, we will not be able to develop our capabilities

منذ تأسيس الجمعية اليمنية لجراحي المخ والأعصاب والعمود الفقري قبل عشرين عام كإطار اجتماعي وعلمي للأطباء العاملين في فرع الجراحة العصبية بمختلف مناطق اليمن والخارج شهدت العديد من الأنشطة التي تعزز من مستوى أداء أعضائها وزيادة أعدادهم وتقديم أفضل الخدمات للمرضى ورعايتهم.

وقد كان لفتح مساق الزمالة العربية واليمنية لجراحة المخ والأعصاب أثر كبير في ذلك وأدى إلى توسيع نطاق الخدمة التي يؤديها الجراح العصبي اليمني محلياً ومعظم مناطق الجوار ودول اجنبية أخرى في ظل التطور السريع الذي يشهده المجال .

ومنذ انعقاد المؤتمر العلمي الأول مع المؤتمر الثالث عشر للرابطة العربية لجراحة العمود الفقري في صنعاء أكتوبر 2008 تمت العديد من الفعاليات العلمية وتتنوع اليوم بالمؤتمر الرابع للجمعية بالتنسيق مع المجلس الطبي اليمني كحدث علمي نوعي على المستوى المحلي والعربي والعالمي لما يحتويه من أبحاث رفيعة تعكس أحدث ما توصلت إليه الجراحة العصبية وبمشاركة نخبة من رواد الجراحة العصبية العربية والعالمية .

وإذ نتطلع أن يستفيد أطبائنا من هذه الخبرات للعمل على عكسها في الخدمات التي يقدمونها للمرضى وتحسين نوعية الأداء .

ختاماً نترحم على زملائنا من الرعيل المؤسس للجمعية الذين تغمدهم الله برحمته د. محمد العاقل، د. محسن الحقبني، أ.د. أمين الكمالي، ود. سليمان باشقير .

نتمنى لمؤتمرنا الرابع النجاح والتوفيق. فمن دون المشاركة الفاعلة لن نستطيع أن نطور من قدراتنا.



كلمة رئيس المؤتمر

الحمد لله الذي أعاننا على القيام بواجبنا نحو أنفسنا وزملائنا ووطننا الحبيب على خير وأكمل وجه حيث أقيمت المؤتمرات العلمية السابقه لجراحة المخ والأعصاب خدمة للعلم والأطباء في مجال الجراحه العصبية وغيرها من المجالات ذات العلاقه وخدمة للوطن الغالي لتقديم خدمه طبيه متميزه، وكذلك مواكبة للتطور العلمي في هذا المجال على المستوى الإقليمي الدولي حيث كان كل مؤتمر متميز عن سابقه حيث وقد كان المؤتمر الثالث متائق ومواكب للمؤتمرات الدولييه بشهادة جميع المشاركين من الداخل والخارج وأنا وفي مرحلة الإعداد للمؤتمر الرابع لن نقبل إلا أن يكون أكثر تميزا ونجاحا إن شاء الله وذلك بتكاتف وتفاعل جميع الأخوة الزملاء المشاركين والداعمين لإرسال رسالة للجميع أن اليمن قادر على مواكبة التطور العلمي في شتى المجالات على الرغم من الظروف الصعبه التي فرضها عليه العدوان. وفقنا الله جميعا.

أ. د. ماجد علي عامر
رئيس المؤتمر

كلمة المجلس الطبي



بعد نجاح مؤتمرننا الثالث لجراحة الدماغ والأعصاب والعمود الفقري يسعدني بالأصالة عن نفسي ونيابة عن أعضاء المجلس الطبي الأعلى أن نقدم الدعم للمؤتمر العلمي الرابع لجراحة الدماغ والأعصاب والعمود الفقري والذي ينعقد في عاصمة الصومود والتحدّي للجمهورية اليمنية - صنعاء. وهذا هو المؤتمر العلمي الرابع الذي يعقد في ظل العدوان الغاشم على بلدنا. ومن خلالكم إلى القيادة السياسية ممثلة بالرئيس مهدي المشاط رئيس الجمهورية رئيس المجلس السياسي الأعلى وكذلك إلى المجاهدين في الجبهات من قواتنا المسلحة واللجان الشعبية وإلى قائد المسيرة المظفرة السيد عبد الملك بدر الدين الحوثي.

إننا نؤمن أن هذا المؤتمر سيكون له تأثير إيجابي في مجال تطوير جراحة الدماغ والأعصاب والعمود الفقري ونرجو أن تتضمن البحوث المقدمة في المؤتمر آخر ما توصل إليه العلم في العالم مما سيعطي أطباء جراحة الدماغ والأعصاب والعمود الفقري العاملون في بلدنا فرصة للتعرف على هذه النتائج العلمية التي وصل إليها العلم في هذا المجال مما سينعكس في النهاية بشكل إيجابي على تقديم الخدمات الطبية والعلاجية في هذا المجال ويساهم في تقليل معاناة المرضى في ظل العدوان والحصار الجائر والحرب القذرة. ورغم الصعوبات التي تواجه طريقنا بسبب الحرب الغاشمة التي تشن على بلدنا إلا أننا نسير بخطى وثيقة غير آبهة بكل الأزمات فالهدف واحد وهو بناء المؤسسات العلمية الرائدة في المجال الطبي وأنا حريصون في هذا المؤتمر على أن نكسر هذا الحصار وتحويل هذا المؤتمر إلى مؤتمر محلي بصيغة عالمية من خلال التواصل مع العالم الخارجي ببث حي ومباشر عن طريق الشبكة العنكبوتية مع الجراحين الاقليميين والدوليين في مجال جراحة الدماغ والأعصاب والعمود الفقري.

خاصة ونحن في حاجة ماسة إلى زيادة مهارة الطبيب اليمني في هذا المجال للتعامل مع حالات الإصابات التي يتعرض لها المجاهدين في الجبهات والمواطنين الأبرياء الذين يتعرضون للقصف الاجرامي من قبل دول العدوان خاصة وأن الوضع الصحي في اليمن تأثر بشكل كبير وازدادت حالات الإصابات العصبية المباشرة من آثار العدوان والحصار الذي أدى إلى نقص في الغذاء والدواء وتدمير البنية التحتية مما أدى إلى ظهور أمراض خطيرة كثيرة خاصة أمراض الجهاز العصبي.

ويعتبر المؤتمر فرصة لتطوير المهارات العلمية والطبية للأطباء اليمنيين في جراحة الدماغ والأعصاب والعمود الفقري من خلال الأوراق المقدمة من مجموعة من أطباء الجمعية بالرغم من أن عدد لا يستهان به من الأطباء لم يستطيعوا الوصول من أجل المشاركة بالمؤتمر بفعل العدوان وبعد المسافات نتيجة الحصار الجوي والبحري والبري لبعض المناطق وبالرغم من ذلك هناك إصرار على إنجاح فعاليات هذا المؤتمر مما سيضفي شيء من العلم والمعرفة على أعضاء الجمعية وكذلك التخصصات المختلفة الأخرى.

واننا في المجلس الطبي الأعلى يحذونا الرجاء بمزيد من الإشراف والرعاية والاعتماد لمزيد من هذه الفعاليات العلمية كون ذلك تعتبر من مهام المجلس الطبي.

إن الاهتمام بعقد مثل هذه المؤتمرات لمتابعة آخر ما توصل إليه العالم في مجال البحوث العلمية والطبية المختلفة سوف ينعكس ايجابيا على مهارات وقدرات الطبيب اليمني ونحن في المجلس الطبي سوف نبذل جهوداً لإنجاح مثل هذه الفعاليات التي تليق بالطبيب اليمني الذي أصبح اليوم له مكانة علمية متميزة بين أقرانه من أطباء الدول الأخرى.

أرجو من الله العلي القدير أن يوفقنا جميعاً إلى ما يحب ويرضى وأن يمدنا بالنصر المبين.

أ.د. مجاهد علي معصار

رئيس المجلس الطبي الأعلى

أمين عام المؤتمر



أهداف المؤتمر ..

المؤتمرات العلمية هي أحد أهم الركائز الأساسية التي تنهض بها المجتمعات المتقدمة وهي المحرك الفعال لتنمية القدرات وتأهيل الخبرات من هذا المنطلق يسعى المؤتمر الرابع لجراحة المخ والأعصاب والعمود الفقري لتحقيق أهدافه السامية الرامية إلى الوقوف على أحدث المستجدات في مجال طب وجراحة المخ والأعصاب والأدوية والتقنيات المستخدمة في هذا المجال، وتبادل الخبرات بين الجراحين اليمنيين والجراحين الدوليين وكذلك تسعى اللجان المنظمة للمؤتمر إلى تحقيق نتائج ودراسات جديدة من خلال الأبحاث المقدمة في المؤتمر و تقديم توصيات من شأنها المساهمة في تطوير الجراحة العصبية. يسعى المؤتمر ويهتم بإرسال رسالة إلى المجتمع الدولي أن الحصار الجائر للشعب اليمني أنهك الكادر الطبي و المريض اليمني وتسبب في زيادة المعاناة الصحية وخاصة في مجال الجراحة العصبية

أ. د. عبدالغني ناشر

لجنة العلاقات العامة والإعلام



تطلعات المؤتمر

رغم ما نعيشه من حصار على بلدنا..
وحرماننا كأطباء وأكاديميين -من قِبَل دول العدوان- من السفر
لحضور المؤتمرات الدولية الطبية والمشاركة فيها، ومواكبة ما هو
حديث وخصوصاً في مجال جراحة المخ والأعصاب والعمود الفقري..
لذا فإن الطبيب اليمني لن يقف عاجزاً..
بل سيقبل التحدي وسيخلق فرص الابداع وسيفتح مجال البحوث
للاستمرار في عمل المؤتمرات الدولية والعالمية وبجهود طبية يمنية..
والتواصل مع العالم عبر النت ودمج الخبرات العملية
مع الكوادر العلمية، والرائدة في مجال الطب عالمياً،
كل هذا يعزز التحسن والرقى في المجال الطبي الجراحي لوطننا الحبيب..

أ.د. محمد شمس الدين

اللجنة المالية

دعوة حضور ومشاركة



يسر اللجنة العلمية للمؤتمر اليمني الرابع لجراحي المخ والاعصاب والعمود الفقري أن تتقدم بالتهاني والتبريكات لأبناء الشعب اليمني العظيم الصامد والى الزملاء في المجال الطبي كافة وجراحي المخ والاعصاب والعمود الفقري خاصة داخل الوطن وخارجه على النجاح غير المسبوق للمؤتمر الثالث

والذي مثل نقله نوعيه ولاقى استحسان كل الكوادر الطبية في الداخل والخارج ، والذي اقيم في ظروف استثنائية بكل المقاييس ومع ذلك اثبتنا قدرتنا على تجاوز كل الصعاب والمحن وتخطينا الحصار والعدوان وقد كان نقطة انطلاقا وصفحة مشرقة في تاريخ جراحة المخ والاعصاب وأوصل رسالة لكل من يراهن على استسلامنا وهزيمتنا بأننا الاقوى والاصلب لأننا الاصل والتاريخ والحضارة ومنبع العلم والثقافة وسنبقى كذلك مهما حاول المتآمرون لطمس هويتنا ومحو تاريخنا فلن نستطيعوا فنحن الماضي والحاضر والمستقبل وسنبقى نصدر الثقافة والعلم للعالم أجمع ولن يزيدنا الحصار الا قوة في كل نواحي الحياة ، واليوم يتم التحضير للمؤتمر الرابع ، والذي سينعقد في صنعاء - اليمن للفترة -22 23 مايو 2022م في النادي الترفيهي (نادي الشرطة سابقا)، بما يشمله من ورش تدريبية وأوراق بحثية ومحاضرات علمية تحمل كل جديد في مجال اختصاص جراحة المخ والاعصاب والعمود الفقري ويشارك فيها كبار الاطباء والباحثين من الداخل والخارج وهذا يمثل تحديا كبيرا في الزمان والمكان كوننا لا نزال نخضع لحصار طويل تأثرت به كل القطاعات وخصوصا القطاع الصحي إلا أننا وبفضل من الله قررنا تجاوز كل الظروف وتحدينا كل العقبات باتخاذ قرار قيام المؤتمر لنؤكد للعالم أن العلم هو سلاحنا وأننا سنتابع كل جديد وسنستمر في تطوير مهاراتنا ونقل خبراتنا لبعضنا عبر كل الفعاليات العلمية وأننا سنبقى البلسم الشافي لكل فئات الشعب ولن نتخلى عنهم مهما اشتدت الرياح من حولنا وسنكمل الطريق حتى الخروج باليمن الى بر الامان وبذلك نتمنى من الجميع التعاون على انجاح هذا المؤتمر بالمشاركة الفاعلة ونقل الخبرات والممارسات لكل من يبحث عن العلم ... ودامت اليمن بألف خير .

أ. د. حفظ الله مصلاح عبدالوهاب

اللجنة العلمية



المؤتمر العلمي الحالي «الرابع» ..

صنعاء مدينته سام عليه السلام شاهد على حضارة وتكاثر أبناء اليمن من شرقها وغربها على مدى القرون .

تجمع كل أبناء الوطن و تحتضن جميع ساكنيها و ضيوفها كأ م حنون لا تفرق بين أبنائها منذ الأزل . وهي اليوم كما كانت وستظل ملتقى لأبناء الوطن من مفكرين و أدباء وأطباء . وفي مركز صنعاء يقع النادي الترفيهي الذي يحتوي على قاعات مجهزة و معدة لتنظيم الاحتفالات والمؤتمرات و الندوات المحلية و العالمية ، بقاعة رئيسة مدرجة تستوعب أكثر من ٦٠٠ شخص بالإضافة إلى القاعات الأخرى المناسبة لجميع الفعاليات العلمية والتعليمية ، استراحات و منتزه و صالات ألعاب رياضية و مسبح ، بالإضافة إلى مواقف السيارات الواسعة و المنظمة و في هذا الصرح العالمي سيقام المؤتمر الرابع للجمعية اليمنية لجراحة المخ و الأعصاب و العمود الفقري والذي يجمع جميع أبناء الوطن في الاختصاص و في غيره من الاختصاصات لتبادل الخبرات و اكتساب العلم و المعرفة في أحدث ما وصل إليه العلم في طب و جراحة المخ و الأعصاب و العمود الفقري . فأهلاً بأساتذتنا الأجلاء من جميع ربوع الوطن و أهلاً بجميع الزملاء و الأطباء نعتز و نفتخر بكم و نترقب حضوركم و تفاعلكم باثراء المؤتمر بكل جديد و مفيد .

و دمتم و دام الوطن شامخاً طول الزمان .

أ.د. عدنان عبدالله العواضي



أ.د. إسماعيل الحوئي
سكرتير المؤتمر

نبذة عن المؤتمرات السابقة المؤتمر العلمي الأول ..

أقامت الجمعية اليمنية لجراحي المخ والاعصاب والعمود الفقري، المؤتمر اليمني الأول لجراحي المخ والاعصاب والعمود الفقري، المؤتمر السادس للرابطة العربية للعمود الفقري والاعصاب، تحت شعار "الحد من الاعاقة" وبرعاية رئيس الجمهورية اليمنية، والتي أقيمت في فندق الشيراتون صنعاء خلال الفترة 2008/10/11 - 2008/10/13، حيث حضر الفعالية عدد كبير من جراحي المخ والاعصاب والعمود الفقري على المستوى المحلي والعربي والعالمي، وقد تم مناقشة عدد من الأبحاث والدراسات والتطورات في جراحة المخ والاعصاب والعمود الفقري، وخرج المؤتمر بتوصيات تم نشرها في حينه.



المؤتمر اليمني الثاني لجراحة المخ والاعصاب والعمود الفقري:

تحت شعار "مؤتمر يتحدى الحصار ويتخطى الحدود"، وبرعاية دولة رئيس الوزراء أ.د. / عبدالعزیز بن حبتور، أقيم في فندق البستان - صنعاء، المؤتمر اليمني الثاني لجراحة المخ والاعصاب والعمود الفقري وورشة العمل الأولى حول مبادئ إصابات العمود الفقري، والذي أقيم خلال الفترة 2017/5/16 - 2017/5/18، وجراء خلال المؤتمر مناقشة عدد من الأبحاث وأوراق العمل وتقديم ما هو جديد في جراحة المخ والاعصاب والعمود الفقري، وقد شارك في المؤتمر عدد كبير من جراحي المخ والاعصاب والعمود الفقري اليمنيين وكذلك شارك عدد من أستاذة جراحة المخ والاعصاب في العالم من خلال البث المباشر بواسطة القناة العالمية لجراحة المخ والاعصاب، واختتم المؤتمر أعماله بتوصيات تم نشرها في وقته.



المؤتمر اليمني الثالث لجراحة المخ والاعصاب والعمود الفقري:



تحت شعار "يد تداوي من يحيى ويبني .. نتخطى الحصار"، وبرعاية دولة رئيس الوزراء أ.د. / عبدالعزیز بن حبتور ومعالي وزير الصحة أ.د. طه المتوكل وتحت اشراف المجلس الطبي، أقيم في النادي الترفيهي - صنعاء، المؤتمر اليمني الثالث لجراحة المخ والاعصاب والعمود الفقري وورشة العمل الثانية حول تقنيات عمليات العمود الفقري، والذي أقيم خلال الفترة 14 /



أكتوبر/ 2020 - 16/أكتوبر/2020، وهدف المؤتمر الى تطوير وتبادل الخبرات الطبية والعملية بين جراحي المخ والاعصاب والعمود الفقري على المستوى المحلي والعالمي، وذلك من خلال مناقشة عدد من الأبحاث وأوراق العمل وتقديم ما هو جديد في جراحة المخ والاعصاب والعمود الفقري على المستوى المحلي والعالمي، وشارك في المؤتمر عدد كبير من جراحي المخ والاعصاب والعمود الفقري المحليين والأجانب وذلك من خلال بث المؤتمر بواسطة الانترنت عبر القناة العالمية لجراحة المخ والاعصاب، وكذلك شارك في المؤتمر عدد كبير من الأطباء والاستشاريين في التخصصات الطبية الأخرى، واختتم المؤتمر أعماله بتوصيات تم نشرها في وقته.



كلمة اللجنة العلمية للجمعية



اللهم صل وسلم وبارك علي سيدنا محمد وعلى اله الطيبين الطاهرين
أننا اليوم نصنع شمس الغد إننا اليوم نشق الطريق من مرحله إلى مرحله
أخرى تتسم بالرقى في المستوى الطبي الذي يقدمه أطباء وأخصائيين
واستشاريين جراحي المخ والأعصاب والعمود الفقري في بلادنا اليمن من
خلال أقامه هذه المحافل العلمية المتعاقبة حتى نصل إلى أقامه المؤتمر
الرابع لجمعية جراحه المخ والأعصاب والعمود الفقري حيث جاءت هذه
الروح التي تحمل هذا الإصرار لتحقيق الوصول إلى الأهداف المرجوة من
التسابق في مضمار تطوير الجانب الطبي في هذا المجال من خلال مناقشه
مختلف المراحل والتجارب والمحاولات العلمية والعملية في جراحه المخ
والأعصاب. هذه المحاولات التي ولدت من رحم المعاناة في ظل الأوضاع
الراهنة التي تمر بها البلد وبتحدي صارخ أمام هذه الأوضاع القاهرة
تدقق صوت جمعيه جراحي المخ والأعصاب والعمود الفقري يعبر الأفاق
ليقول للعالم اجمع نحن هنا ،نحن نتقدم ،نحن نصل إلى مرحلة الاكتفاء

من سفر الحالات المرضية للخارج نحن أبناء هذا البلد السعيد بتكاتفنا وتعاوننا نصقل مهارتنا
العلمية والعلمية كجراحين ونتواصل مع العالم لينظروا ما نقوم به ونكتسب منهم ما قاموا به .
وفي الختام فإنني اليوم أتقدم بجزيل والشكر والتقدير والاحترام والإجلال لجميع من أخذوا
على عاتقهم تقدم المسيرة العلمية والعملية لجراحين المخ والأعصاب والعمود الفقري من أساتذتنا
الأفاضل من الاستشاريين في هذا المساق والقائمين على أقامه وإنجاح هذا المؤتمر وهي كذلك لكل
الداعمين الساعين على أخراج هذا المؤتمر على النحو الذي نفتخر به وانتهاز الفرصة في هذا المقام
باسم اللجنة العلمية الخاصة بهذا المؤتمر أن ادعوا واشد على أيادي جميع الزملاء من أخصائيين
واستشاريين وأطباء جراحه المخ والأعصاب والعمود الفقري وكذلك جميع القائمين على الوضع
الصحي بالبلد بالإسهام والمشاركة في أنجاح هذه الفعاليات العلمية والمحافظة على استمراريته
وتحسينها لما فيها من مصلحة تعود على مهارات الكوادر الطبية العاملة في هذا المساق من خلال تبادل
الخبرات والتجارب وعمل الدراسات البحثية العلمية والعملية الميدانية وكذلك أنارها العظيمة
على تقدم ورقى مستوى الخدمة الطبية المقدمة للمريض في بلدنا الغالي ولن ينسى التاريخ ما
قدتموه وما صنعتموه.

أ.د/نوفل علي قاسم الاشحب

أ.د. أحمد صالح الجراذي

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The 4th Yemeni Neurosurgical conference



المؤتمر اليمني الرابع
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The Fourth Yemeni Neurosurgery
Scientific Conference
بالتعاون مع: مستشفى - مستشفى التخصص



جندب من التعليم إلى التخصص



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Day 1 (22 MAY 2022)						
	Local Time		Title	Speaker	Country	Moderator
	من 08:00	من 08:30				
First Session: 00-10:30 AM (9:00-7:30 AM GMT)	On site Registration					
	من 09:00	من 09:20	Trigeminal Neuralgia MVD: surgical Management & follow up of 400 cases	Dr. Abdullah AL-Osta	Yemen	Dr. Kasem AL-Asbahi + Dr. Khaled Bin Madhi + Dr Omer Turki
	من 09:20	من 09:40	The Impact of Neuro Navigation Skull base Surgery	Dr. AbdulGhani Nasher	Yemen	
	من 09:40	من 10:30	Opening Ceremony			
Cofee Break						
Seconded Session 11:00 AM-1:20 PM (8:00-10:20 AM GMT)	من 11:00	من 11:25	The Mechanism of Cistemostomy	Dr. Yonghong Wang	China	Dr. Kasem AL-Asbahi + Dr. Majed Amer + Dr. Hefth Allah
	من 11:25	من 11:50	Understanding crano vertebral junction pathologies and screw placement techniques	Dr. Asheesh Tandon	India	
	من 11:50	من 12:15	Petro Clival Meningeoma : Personal experince	Dr. Ibrahim Sbeih	Jordan	
	من 12:15	من 12:40	Use of coblation in management of nasal meningeocele	Dr. Abdulwasa Alaql	Yemen	
	من 12:35	من 01:05	How to start endoscopic Spine Surgery	Dr. Nikolay Peev	UK	
	من 01:05	من 01:20	Case Study	Dr/ Mujahed Mesaar Dr.Esmail Masour AL-Hoothy	Yemen	
Launch Break						
Third Session 3:00-6:00 PM (12:00-3:00 PM GMT)	من 03:00	من 03:15	Evaluation of the clinical Electrophysiology in traumatic peripheral nerve injuries	Dr. Wesam Mohammed AL-Jabali	Yemen	Dr. Mujahed Mesaar + Dr.abdulghani Nasher + Dr.Esmail AL-Hoothy
	من 03:15	من 03:30	Minimal Invasive Neurosurgery	Dr. Adel AL-Koraibi	Yemen	
	من 03:30	من 04:00	New Technologies in Neurosurgery	Dr. Iype Cherian	India	
	من 04:00	من 04:30	Anatomical Basis of Glioma surgery	Dr. Abhidha Shah	India	
	من 04:30	من 05:00	Arachnoid membrane in skull base surgery	Dr. Vladimir Benes	Czech Republic	
	من 05:00	من 05:30	Brain tumors (Glioma): Do a lot with little	Dr. Paulo Kadri	USA	
	من 05:30	من 06:00	Brain tumors (Meningeoma) Do a lot with little	Dr. Osama AL-Mefty	USA	

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المؤتمر اليمني الرابع
لجراحة المخ والأعصاب والعمود الفقري
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بالتعاون مع الجمعية اليمنية للجراحة العصبية



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مجلس التمريض
مجلس الصيدلانيين
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مجلس الممرضات
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Day 3 (24 MAY 2022)

	Local Time		Title	Speaker	Country	Moderator
First Session	08:30 ص	08:50 ص	Surgery of Sphenoid wing Meningeoma with vascular encasement	Dr. Khaled Mubarak Mareai Bin Madhi	Yemen	Dr.Aref Dhaban + Dr.Anwar AL-Arhabi + Dr.Navfel AL-Ashhab
	08:50 ص	09:10 ص	Event Free survival and overall survival of children with average-risk Medulloblastoma who treated with reduced-Dose Cranio-Spinal radiotherapy	Dr. Ahmed AL-Baredah	Yemen	
	09:10 ص	09:30 ص	Post Traumatic Stress Disorder	Dr. Enas Hamad	Syria	
	09:30 ص	09:50 ص	Head and Maxillofacial trauma: When intervene?	Dr. Saleh AL-Redae	Yemen	
	09:50 ص	10:10 ص	Minimal invasive surgery in children	Dr. Ali AL- Mashani	Oman	
	10:10 ص	10:30 ص	Current Practice in Epilepsy surgery	Dr. Salah Hamadah	Egypt	
	10:30 ص	11:00 ص	Cofee Break			
Secoend Session 11:00 AM-1:20 PM (8:00-10:20 AM GMT)	11:00 ص	11:25 ص	Journey of Skull base syrgery - Personal perspective	Dr. Prakash Kafle	Nepal	Dr.Majed Amer + Dr.Mohammed AL- Adashi + Dr. Tareq AL.Absi
	11:25 ص	11:50 ص	short term outcome after Posterior Lumbar interbody fusion & TPF VS TPF alone	Dr. Mohammed AL-Khaishani	Yemen	
	11:50 ص	12:15 م	Timing of lumbar disc surgery: Key notes	Dr. Nidhal AL-Rosan	Jordan	
	12:15 م	12:40 م	Spinal Sagital plane deformity and corrective osteotomies	Dr. Aboubakr Gamal	Egypt	
	12:40 م	01:05 م	Spinal Deformity correction surgery: Incidence of complication and its relation to type and degree of deformety	Dr. Adnan AL-Awadhi Dr,Omer AL-Turky	Yemen	
	01:05 م	01:20 م	Taumatic Spinal injury During Pregnancy (case Series) and management updates	Dr. Ahmed Saleh AL-Jradi	Yemen	
	01:20 م	1:35 PM	Causes of incomplete Resection of Pituitary Adenoma after Endoscopic Endonasal Trans_Sphenoid Approach	Dr. Ammar AL-Mekhafi	Yemen	
	01:20 م		Closing Ceremony			

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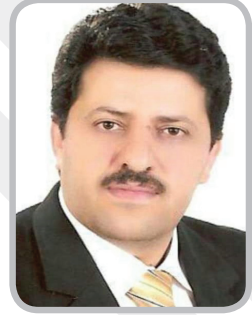
الجمعية اليمنية لجراحة المخ والأعصاب والعمود الفقري
Yemeni Neurosurgical Society

Day 2 (23 MAY 2022)						
	Local Time		Title	Speaker	Country	Moderator
First Session 8:30-10:30 AM (5:30-7:30 AM GMT)	08:30 ص	08:50 ص	Clipping techniques and other management options for Giant Brain aneurysms	Dr. Michael Lawton	USA	Dr. Abdulatif Al-Huraimy + Dr.Mohammed Shams +Dr.Mohammed AL-Khaisani+ Adel AL-Kuraibi
	08:50 ص	09:10 ص	What the Eye can tell you about Brain	Dr. Tarek Aldoais	Yemen	
	09:10 ص	09:30 ص	The Role and advantages of tendon transfere after Acute & Chronic Radial nerve injury : outcome and prognosis	Dr. Yehia AL-Siaghi Dr.Basheer Mohammed Othman	Yemen	
	09:30 ص	09:50 ص	Percutaneous Endoscopic Interlaminar Lumbar Discectomy as a versatile approach	Dr Omer Yosef	Egypt	
	09:50 ص	10:10 ص	The role of orthopedic surgery in management of children with cerebral palsy	Dr Salah Sallan	Yemen	
	10:10 ص	10:30 ص	Role of intra-operative Ultrasonography in resection of intrinsic brain tumors	Dr Ali Ibraheem	Egypt	
	10:30 ص	11:00 ص	Cofee Break			
Second Session 11:00 AM-1:05 PM (8:00-10:05 AM GMT)	11:00 ص	11:30 ص	The Impact and Significance of Microneurosurgery	Dr. Gazi Yesergil	Turkey	Dr.Mohammed AL-Quaiti + Dr.Jameel AL-Absi + Dr.Ahmed AL-Jradi
	11:30 ص	11:55 ص	Cervical Mylopathy: Management Approaches	Dr. JKBC Parthiban	India	
	11:55 ص	12:20 م	How simple tailored approach trumps complex one in Skull-base surgery	Dr. Imad Kanaan	KSA	
	12:20 م	12:45 م	Future of Ropotic Spine Surgery	Dr. Salman Shareef	Pakistan	
	12:45 م	01:05 م	Trans nasal & trans Otic approaches to petrous bone	Dr. Vinod Felix	India	
	01:05 م	03:00 م	Launch Break			
Third Session 3:00-6:00 PM (12:00-3:00 PM GMT)	03:00 م	03:15 م	Outcome of operative correction of Thoracolumbar junction fractures patients in 48 Hospital	Dr. Noofel Ali Qasem AL-Ashhhab	Yemen	Dr. Adnan AL-Awadhi + Dr.Jobran + Dr.Mohammed AL-Komiti
	03:15 م	03:30 م	High grade Glioma management and contraversies (state of the art)	Dr. Edres Noman	Yemen	
	03:30 م	04:00 م	Vascular Anatomy of Lumbo Sacral spinal cord segmen and its Surgical implications	Dr. Victor Hugo Perez	Mexico	
	04:00 م	04:30 م	Role of endoscope in Intra ventricular Brain Tumers	Dr. Henry Schroder	Germany	
	04:30 م	05:00 م	Defining surgical strategy in skull base tumors	Dr. Atul Goel	India	
	05:00 م	05:30 م	Improving patient outcomes in the treatment for complex vascular lesions	Dr. Saleem Abdultrauf	USA	
	05:30 م	06:00 م	Meningiomas: Current Management	Dr. Luis Borba	Brazil	



Trigeminal Neuralgia MVD: surgical Management & follow up of 400 cases

Professor . Abdullah Al-Asta
Dr. Abdullah AL-Saidy



Objective: The purpose of this study was to evaluate the short term, as well as, the long term efficacy of microvascular decompression for vascular cause of trigeminal neuralgia.

The study included only these cases which the vascular compression or contact was identified during the procedure .The MVD was considered successful when trigeminal nerve was freed and decompressed without any injury to It, as well as, to its rootlets or any other complications in the procedure .The 54 cases which were compressed through the mass, as well as, the 40 cases which were caused idiopathically were excluded in this study.

Methods: The study was conducted between 2006 and 2017 and included 324 patients by which 129 of them were male (39.8%) and 195 were female (60.2%).According to its site, 175 of them were in the RT side (54%), 144 of them were in the LT side (44.4%), and 5 of them were bilateral (0.06%).

The patients were followed up over a period of 5 to 16 years where only 4 patients had a recurrent pain and the successful rate - pain free patients without using any medications - was 98.8 %.

Results: From the study, it looks that the age, side of pain, duration of pain, used medications especially Tegretol of high dose, and systemic illness such as hypertension and diabetes mellitus did not play any role in the outcome .In our study, we used a piece of muscle to separate trigeminal nerve from compressing or contacting vessels .We never used Teflon .The using of a piece of muscle rather than using Teflon did not show any changes in the outcome of our study.

Conclusion: In clear findings of a single or multiple vascular compression or contact on trigeminal nerve with a perfect performance of microvascular decompression procedure and freeing the nerve even from arachnoid adhesions without distorting or injury of trigeminal nerve from its origin in the brainstem till its exit root entry zone will give a very excellent successful results reaching up to 98%.

The impact of Neuronavigation in skull base surgeries



Dr. Abdulghani Nasher

Abstract

Objective:

the treatment of skull base tumors has evolved from observation, to partial resection combined with other therapy modalities, to gross total resection and no adjuvant treatment with good surgical results and excellent clinical outcomes. Nonetheless, despite the recent technological advances, the risks associated with skull base surgeries remain not negligible. The aim of this study was to evaluate the impact of using neuronavigation on the surgical outcomes of patients with skull base tumors.

Methods:

We analysed 42 consecutive patients who underwent skull base surgeries between January 2019 and April 2022. The impact of neuronavigation was assessed on the following parameters: craniotomy size, surgical duration, postoperative CSF leakage and other complications occurrence and length of hospitalization.

Results:

The craniotomy size, the surgical duration and the CSF leak incidence were significantly achieved. The length of hospitalization were reduced, although these differences were not statistically significant.

Conclusions :

Neuronavigation is a useful tool that significantly reduced morbidity rates, less invasive procedures, shorter hospital stay, lower hospital costs, and reduced requirements for postoperative analgesia it also reduced craniotomy size, surgical duration and CSF leak incidence in skull base surgeries. We advise to routinely implement neuronavigation in this type of surgery.

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وحدة المناظير



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The Mechanism of Cisternostomy

Dr. Yonghong Wang - China

Title: The mechanism of Cisternostomy



The mechanism of Cisternostomy

The extracellular space \square ECS \square in the brain is between 15% and 25%. Substances can enter this ECS from subarachnoid or ventricular cerebrospinal fluid (CSF) and move unrestricted within these small intercellular channels.

In vasogenic brain edema associated with brain injury, pressure gradients develop across the tissue and are the driving forces for the spreading of edema fluid. The existence of a high interstitial fluid pressure (IFP) within the edema territory as compared to the pressure in the CSF and normal brain tissue. It seems that the rising IFP initiates the dilatation of the ECS. These dilated spaces may provide a pathway for the movement of edema fluid. It can be concluded that entry of the edema fluid into the CSF is one of the main mechanisms of resolution of vasogenic brain edema.

If the clearance of edema fluid into the CSF is related to the hydrostatic pressure gradient between the IFP in the edematous tissue and the CSF pressure \square CSFP \square , then changes in the CSFP can directly affect the amount and velocity of this clearance.

Thus, a decrease in the CSFP would enhance the clearance of edema fluid by increasing this pressure gradient, and a rise of the CSFP would probably have the opposite effect.

It has been suggested that in normal brain the interstitial fluid is produced probably at the capillary-glia complex, and flows along pathways of low resistance (perivascular spaces) into the CSF. Perivascular spaces may serve as channels for fluid exchange between brain and CSF. Brain edema is absorbed into paravascular CSF rather than blood.

Current treatments like hypertonic saline, mannitol, or decompressive craniectomy, while effective at reducing intracranial hypertension, have an unclear impact on outcome, highlighting the elusive but essential balance of adaptive versus pathologic swelling.

The future of cerebral edema treatment after TBI may require pathophysiology-based targeted treatments--increasing the clearance of the edema fluid at the tissue-ventricular CSF interface.

The paradigm-shift has begun---Basal Cisternal Drainage. Basal Cisternal Drainage not only reduce brain edema but ICP

Understanding cranio vertebral junction pathologies and screw placement techniques

Dr. Asheesh Tandon

Advance Neurosurgery Brain & Spine Center
Aditya Super Speciality Hospital Jabalpur, India



Use of coblation in management of nasal meningocele

Dr. Abdulwasa Alaqel
ENT consultant. Yemen



Founder and Head of Abdulwasa Alaqel specialized hospital Sana

Title: Use of Coblation in management of nasal meningocele

Abstract:

Use of coblation in management of nasal meningoencephalocele is of great value

It offers the surgeon a great facility

Classically bipolar diathermy is used to excise the meningoencephalocele where a 4 hands are necessary.

Use of coblation reduces the need to a 2 hands one for camera holding and another hand for ablation, suction, irrigation and coagulation in the same time which makes surgery easier and faster.

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Petroclival Meningiomas, personal experience.

Prof. Ibrahim Sbeih, MBCHB., FRCS., FRCSSN.

F.R.C.S. (Fellow Royal College of Surgeons) – Glasgow, UK, 1984.

F.R.C.S.S.N. (Fellow Royal College of Surgeons - Surgical Neurology) – Edinburgh, UK, 1985. Distinction: Gold Medal.



Introduction :

Petroclival Meningiomas which constitute 5% of all intracranial meningioma, are difficult lesions to treat.

Methods :

I operated upon 88 cases of petroclival meningiomas in the period between 1990 2020. Seven patients were lost for follow up. We are presenting our experience with 69 cases (average age 43 years) which were followed up for a period ranging from 26 176 months. There were 48 females, and 21 males. None of our patients had previous surgeries for their meningiomas.

Results :

The main presenting manifestations were cranial nerve involvement, with abducent nerve deficits being the commonest. Other presentations included ataxia, hemiparesis, quadriparesis and features of raised intracranial pressure. Radiological diagnosis rested on the use of brain MRI, MRA, MRV and thin slice C-T scan of petrous bone and clivus. Surgical approaches utilized were retrosigmoid in 40 patients, petrosal in 9 patients and combined approaches in 5 patients. We achieved gross total resection in 38 patients and subtotal resection in 16 patients. Recurrence occurred in all 13 patients who had subtotal resection, and in 7 patients who had gross total resection. After a period of observation, Gamma radiosurgery was used in 11 patients, using 12 – 15 gray to the 50% isodose. Tumor control was achieved in 9 patients. Surgical results were: poor outcome in 4 patients, fair outcome in 10 patients and good outcome in 40 patients. Complications included new cranial nerve deficits in 15 patients, pyramidal weakness, CSF fistula and hydrocephalus. Mortality occurred in 2 patients.

Conclusion :

Petroclival Meningiomas are formidable lesions to treat. Factors influencing surgical outcome include neurovascular relationship, bony invasion, multiple intracranial compartment involvement, among other factors. Every effort should be done to achieve gross radical excision. However this is not possible in some cases. For such residual tumors, Gamma radiosurgery should be used, after a period of observation.

Post Neurosurgical Meningitis Among Vp Shunt And Evd Patients Operated In Althawra Hospital From Jun 2021 To Dec 2021

Dr. Nikolay Peev, MD, PhD (Neurosurgery), FRCS(England)



Current: Consultant Neurosurgeon and Spinal Surgeon
Belfast Health and Social Care Trust
Belfast, Northern Ireland

PROFESSIONAL MEMBERSHIPS and AFFILIATIONS

- WFNS Spine Committee faculty member
- World Spinal Column Society – Executive Board Member
- AO Spine – faculty member
- EANS member
- Asian Congress of Neurological Surgeons - Core educational committee faculty member
- Pakistan Society of Neurosurgeons – Honorary Member
- Royal College of Surgeons (England)
- American Austrian Foundation - Open Medical Institute
- General Medical Council
- Bulgarian Society of Neurosurgery

ACADEMIC ACTIVITY

- Section Editor World Neurosurgery Journal
- Board Member of Neurospine Journal
- Board Member of Asian Journal of Neurosurgery
- Board Member of Nepal Journal of Neurosurgery

EDUCATION

2014 - Fellowship in Complex Spine and Minimally Invasive Spinal Surgery - Salford Royal NHS Foundation Trust, Dep. Neurosurgery

2013 - Ohio State University, Columbus, Ohio, USA,
Dep. Neurosurgery – Minimal Invasive Neuro - Endoscopic Surgery/

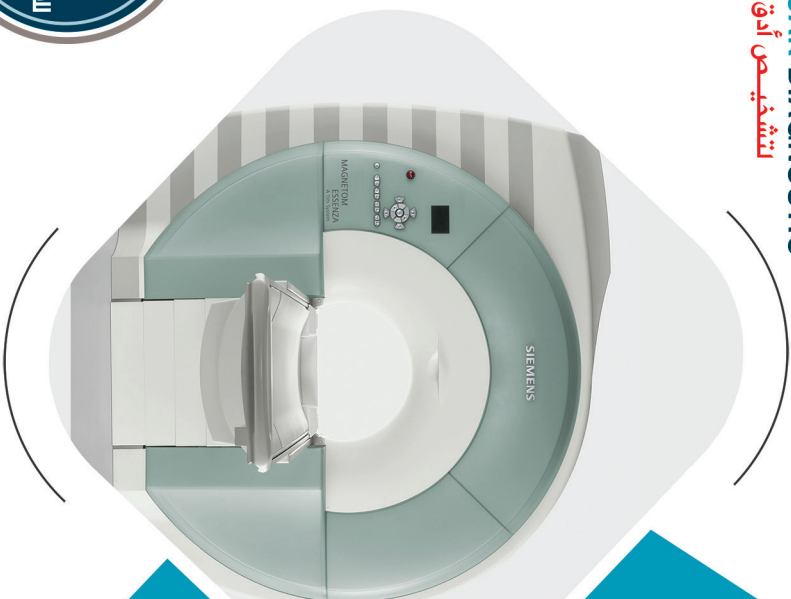
2011 – The World Federation of Neurosurgical Societies (WFNS)
Fellowship - Victor Horsley Department of Neurosurgery. The National Hospital for Neurology and Neurosurgery, Queen Square, London, UK

2009 – The World Federation of Neurosurgical Societies (WFNS)
Neurovascular Fellowship - Department of Neurosurgery, Fujita Health University, Nagoya, Japan.



نيوسكان التشخيصي
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تشخيص أدق

نيوسكان التشخيصي .. أحدث مركز تشخيصي الأشعة والمختبرات فني اليمن، يضم أحدث الأجهزة التشخيصية ويشرف نخبة من كبار الاستشاريين والأخصائيين لتقديم أدق نتائج التشخيص، لایماننا بأن العلاج المحجج يبدأ من التشخيص الدقیف.



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- تصوير الجذات والنزيف الصغيرة والطرية في الدماغ بتقنية SWI.
- تصوير القلب والأوعية الدموية للرأس والعق.

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مؤسسة جال للأدوية
والمستلزمات الطبية



Case Study

Dr/ Mujahed Mesaar

Dr.Esmail Mansour AL-Hoothy



INTRODUCTION: Spinal cord injury (SCI) remains the most devastating injury for patients and spine surgeons alike. Despite several basic science and clinical advances in the study of cord injury. Spinal cord injury still one of the commonest cause of disability. Estimates of the number of patients living with a spinal cord injury in the United States alone range from 185,000 to 400,000. Approximately 2000 U.S. hospital beds are required each year for the care of these patients. According to Kraus and colleagues, of the approximately 14,000 people who sustain spinal cord injuries each year, 4200 die before reaching the hospital and an additional 1500 patients die during the initial hospitalization.

ASSESSMENT OF SPINAL INTSABILITY: Spinal stability can be assessed radiologically using the column model of spinal stability, in which the vertebrae is divided into an anterior (anterior longitudinal ligament, annulus fibrosis, and anterior vertebral body), middle (posterior vertebral body, annulus, and posterior longitudinal ligament), and posterior column (all osseous and ligamentous structures posterior to the posterior longitudinal ligament), in which involvement of one column is not enough to cause instability and involvement of two or more column can cause instability. Degree of neurological deficit can be assessed using American Spinal Injury Association (ASIA) impairment score, which divided neurological deficit post spinal cord injury into A, B, C, D, E.

AIM OF STUDY:- The main aim of this research to study the postoperative outcome (ASIA impairment score) and to study the prevalence of the complications (site of operation hematoma, local wound infection, CSF leak, chest infection or pulmonary embolism) among the patients who undergone spinal laminectomy and spinal instrumentation with fusion post spinal cord injury.

METHODS: Data was collected to designed questioner, from the files of all patients (50) who sustained spinal cord injury and undergone spinal laminectomy and spinal instrumentation with fusion at Al-Thawara Modern General Hospital, during the period 1st January 2017 – 30th December 2017. 9 cases was excluded due to incomplete recorded data in their files.

RESULTS:- The most common age group of patient (48.8%) was 1030- years old, 90% of patient was exposed to blunt trauma, only about 10% has penetrating injury. 44% presented with ASIA B, 37% ASIA A. 72% of patient undergone early (13-days) surgical intervention. 46% has no post operative complications, 20% has CSF leak and 17% has chest infections. Only one case of ASIA A patient improved to ASIA B post operation, while 50% of ASIA B patient improved to ASIA C post operation. Post operative chest infection significantly increase hospitalization period in about 55% of patient from 12-weeks to 34- weeks, and about 16% to > 1months), and pulmonary embolism increase hospitalization of half of them 34-weeks, and the other half > 1month.

DISCUSSION: The age group which mostly exposed to spinal cord injury and sustained spinal laminectomy and instrumentation with fusion was mostly 1030-years which similar to another literatures. The most prevalent post operative complications was CSF leak 20%, in comparison to other studies in which the incidence durotomy during spinal cord surgery was 8.5% in case spinal stenosis surgery, 13.2% in case of revision lumbar surgery. This controversy between our results and the results of this literature may be , in our literature, study concern about the traumatic spinal injury in which sometimes the dura was opened already due to the trauma itself, and sometimes due to the complexity of trauma and difficulty of repair of dura tear due to its location, the CSF leak occurs post operation, while in the other literature they study the elective cases which is no associated wi...



Evaluation of the clinical Electrophysiology in Traumatic peripheral nerve injuries.

د.وسام الجبلي

- أخصائي كهرباء سريرية وظيفية وعلاج فيزيائي
- **Clinical Electrophysiology and physiotherapy**
- استاذ محاضر في جامعة جبلة الطبية
- رئيس قسم التشخيص العصبي واعادة التأهيل في
- مستشفى اطباء المنار التخصصي-اب
- المسؤول العلمي للجمعية اليمنية للعلاج الطبيعي - الفيزيائي

Abstract:

The Peripheral nerve injuries are a common problem lead to a decreased quality of life. And pose a risk national economic costs.

Treatment of peripheral nerve injuries is a complex and depends on location, severity, and type of nerve injury.

In this article we are review how can the clinical Electrophysiological uses for diagnostic and enhancement recovery after TPNI .

The Electrodiagnostic studies are useful in diagnosis TPNI , it can be provide the Neurosurgeons with important clinical parameters about TPNI regarding the location, severity and nature of a nerve injury and also useful in predicting and assessing improvement during treatment either conservatively or surgically. also review the evidence of use Electrotherapy for enhance nerve regeneration and improving peripheral nerve functions, and the Electrotherapeutic methods, protocols, and strategy currently used for initiation and support of peripheral nerve regeneration after injuries and improving functional recovery delayed nerve injury after treatment with surgically or conservatively



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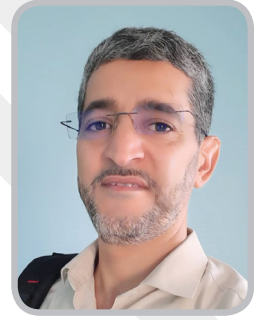


مستشفى العلياء



Minimal invasive neurosurgery

Dr. adel alkuribi



- Mbbs, Ms (gen surg)
- yemeni board neurosurgery sanaa
- araic board neurosurgery sanaa
- arabic board neurosurgery iraq
- fellow minimally invasive brain & spine surgery CHARLIE TEO FOUNDATION & advance neurosurgery center india
- Fellow interventional pain management ASCELUAP ACADEMY India

summary:

The Minimal invasive neurosurgery it aims to a less of damage in normal structure to foster health recovery by using the advanced medical approaches and technology

New Technologies in Neurosurgery

Dr. Iype Cherian .MD



- Director Neuroscience, Krishna Institute of Medical Sciences, Karad India
- Founder of Neurosurgery Coach Program
- First to Introduce Cisternostomy in the treatment of Traumatic brain injury
- Director & Chief Neurosurgeon,
- PAST POSITION: Director and Chair, Nobel Institute of Neurosciences, Nobel Medical College and Teaching Hospital (NMCTH), Biratnagar.
- Counselor General, Asian Congress of Neurological surgeons Asian Congress of Neurological surgeons (ACNS) Educational courses Incharge
- Inventor - Cisternostomy, a novel technique which is being accepted all over the world for severe head injury instead of the standard decompressive hemicraniectomy.
- Visiting faculty to Asian Congress of Neurosurgeons (ACNS), World federation Of Neurosurgery (WFNS) - Teaches Cisternostomy, Microvascular anastomosis and Skullbase
- Member – WFNS anatomy committe
- Reviewer – Asian journal of Neurological surgeons, Surgical Neurology International

Summary:

Medical technology and equipment are constantly changing are improving with time and we had to keep up with these changes and advancement in order to get the best of it, I will be talking on exoscope and it role in Neurosurgery , endoscope, Robotic endoscopic holder and other new innovative products in Neurosurgery



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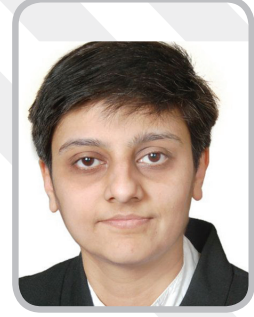
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Role of endoscope in Intra ventricular Brain Tumors

Professor. Abhidha SHAH



Assistant Professor in Neurosurgery at Seth G S Medical College and KEM Hospital (Mumbai)

Member of the Neuro Anatomy committee of WNFS

She holds high levels of expertise in Skull Base Neurosurgery (Open and Endovascular), Cranio vertebral junction disorders

Brain tumors (Glioma): Do a lot with little

Dr. Paulo Abdo do Seixo Kadri



Director of Neurosurgery Service – Regional Hospital of Mato Grosso do Sul – 2008-

Chairman of Skull Base Department – Brazilian Neurosurgical Society (SBN)- 2010-

2012

Arachnoid membrane in skull base surgery

Vladimír Beneš Jr.MD,PhD.

Professor and Chair



- born July 30th 1953 in Prague, Czech Republic
- medical school 1973-1978 Charles Univ, Prague
- residency 1978-1987 general surgery and neurosurgery, dept.Neurosurgery, Masaryk Hosp, Ústí n.L.
- 1988-1996 deputy head and 1996-1997 head dept.Neurosurgery, Masaryk Hosp, Ústí n.L.
- 1994-1997 head dept.neurosurgery, Univ Hosp, Motol, Prague
- 1997- chief of Neurosurgery, Central Military Hosp, Prague and chairman dept Neurosurgery, 1st
- Medical Faculty, Charles Univ, Prague, 1998- head of neurosurgery, Postgraduate Inst Med, Prague (all 3

- Approximately 8000 surgeries on personal records, 260 publications, 380 abstracts, 400 lectures.
- 1996-1998 member, Examination Committee in Neurosurgery , 1998- Committee chairman.
- 1988-2002 secretary, Czech Neurosurgical Soc, 2002-2010 president
- 1996- member, EC, Czech Neurological Society, 1994-2004, EC Czech Soc for Neuroscience 1994-2006
- 1993-1996 delegate of the Czech Society to the WFNS, since 2002 alternate delegate.
- 1994- Czech delegate, Training Committee of the European Association of the Neurosurgical Societies (EANS). 1998-2002 member Auditing Committee of the EANS. 2003-2007 vicepresident. 2007 –2011 Chairman of the Training Committee. 2011–2015 EANS President
- 2001- member, Executive Committee, European Skull Base Surgery Society, 2005-2007 president elect, 2007-2009 president
- Chairman of WFNS Neurosurgical Anatomy Committee 2014-
- 1994-1998, chairman of the Committee for Surgical Disciplines, Scientific Board of the Ministry of Health of the Czech Republic. 1998-2002 member of the Committee, 2010 Scientific Board of the Ministry of Health..
- Membership: AANS, CNS, German Academy of Neurosurgery, World Academy of Neurosurgery, Academia Neurochirurgica Eurasiana.
- awarded medals by the Czech Ministry of Health and by the Charles University
- Editorial Board of Bolest (Pain) 1996- and Editorial Board of Czech and Slovak Neurology and Neurosurgery 1995-, Co-Editor Acta Neurochirurgica , 2003-2007, 2007
- Editorial Board Advances and Technical Standards in Neurosurgery, Adv.Board Zbl.Neurochirurgie, recently Central European J Neurosurgery, 2010- Advisory Board Neurosurgery, 2009 – Adv.Board World Neurosurgery, 2011- Editorial Board Acta Neurochirurgica, Advisory Board Surgical Neurosurgery International



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MRI

قسم الطوارئ



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العمليات



تم تجهيز قسم العمليات بأحدث الأجهزة والتقنيات المعتمدة

قسم الاطفال وحديثي الولادة

قسم النساء والتوليد

يتواجد اخصائيين
على مدار الساعة

يتواجد اخصائيين
على مدار الساعة

تم تجهيز القسم وفق أعلى لمواصفات والمقاييس بسعة 14 سرير ووحدين للعزل الصحي وغرفتين .
عناية خاصة .



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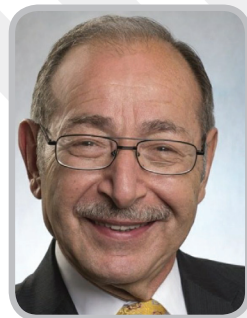
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Brain tumors (Meningeoma) Do a lot with little

Dr. Osama AL-Mefty .MD



was born in Damascus, Syria on April 20, 1947. He completed his medical school at the **Damascus University Medical School in 1972 with scholarship awards.**

His neurosurgical training was completed in 1978 at **West Virginia University Medical Center.** Following his residency, he was in private practice for four years in Richmond, Virginia.

He then moved to Saudi Arabia where he was a staff neurosurgeon and Acting Chairman of the Neurosciences Department of the King Faisal Specialist Hospital in Riyadh.

He returned to the United States and academic neurosurgery at the **University of Mississippi Medical Center** where he advanced to Professor of Neurosurgery, and following that at **Loyola University Medical Center** in Chicago.

He was the Chairman of Neurosurgery at the University of Arkansas from 1993- 2009. Professor Dr. Al-Mefty is currently the Director of the Skull Base Surgery Program at Brigham and Women's Hospital, Harvard Medical School in Boston, MA.

Dr. Al-Mefty's area of interest and expertise is skull base surgery, pioneering, and contributing to this field through numerous publications. His scientific contributions are reflected in over 500 publications that include authoring or editing nine books and over 236 peer reviewed journal articles. He is a sought after lecturer and has made over 1,000 presentations and over 90 Visiting Professorships in national and international universities. He is a dedicated teacher and has been a faculty member and director of over 50 workshops and hands- on courses.

Dr. Al-Mefty is a member of several surgical societies and has served in various leadership roles including as a founding member and past president of the World Academy of Neurological Surgeons and North American Skull Base Society. Dr. Al-Mefty serves on several editorial boards of medical journals. He has been honored by several prestigious lectureships including the First Sugita Memorial Lecturer and the Penfield Lecturer and presented with honorary memberships in skull base and neurosurgical societies abroad. He was recently awarded the Olivercrona Medalist and Magnus Medalist for recognition of his outstanding contributions to the neurosurgical field, the Cushing Metal for excellence and innovation, and the Medal of Honor of the World Federation of Neurological Surgeons.

WHAT THE EYE CAN TELL YOU ABOUT BRAIN DISEASE

Dr Tareik Aldoais



- Ophthalmic consultant Rowad Alnour Eye Center
- Arab and Jordanian Board
- Pediatric ophthalmology fellowship Italy
- Oculoplasty fellowship India

Summary:

The human eye shares several vascular and neural similarities to the brain, and hence, our eyes have been found to offer a direct window to brain pathology.

The optic nerve from each eye carries impulses to the brain, where visual information is interpreted. Damage to an optic nerve or damage to its pathways to the brain results in loss of vision. At a structure in the brain called the optic chiasm, each optic nerve splits, and half of its fibers cross over to the other side. Because of this anatomic arrangement, damage along the optic nerve pathway causes specific patterns of vision loss. By understanding the pattern of vision loss, a doctor can often determine where the problem is in the pathway.

Strabismus or misalignment of the eyes, can be caused by palsies or weakness of certain cranial nerves (CN). There are 12 specialized cranial nerves that course through the brain and control various functions and sensations of the head and neck. Four of these nerves are involved with eye and eyelid movements: CN III (3rd), CN IV (4th), CN VI (6th), and CN VII (7th).

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Clipping techniques and other management options for Giant Brain aneurysms

Dr. Michael Lawton

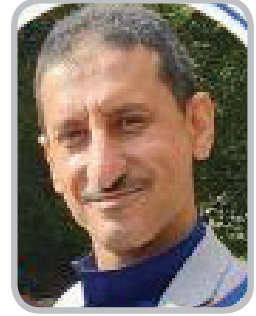


- The President and CEO of Barrow Neurological Institute and the Chair of the Department of Neurosurgery. Phoenix Arizona USA
 - Robert F. Spetzler Endowed Neuroscience Chair
 - Director, BNI-ASU Initiative for Innovation in Neuro-Engineering
 - has experience in treating more than 5,050 brain aneurysms, 970 AVMs, and 1,000 cavernous malformations, including more than 250 in the brain stem and other highly delicate areas of the brain. He is a member of the American Association of Neurological Surgeons, Congress of Neurological Surgeons, Society of Neurological Surgeons, American Academy of Neurological Surgery, and World Academy of Neurological Surgery.
-

Role of endoscope in Intra ventricular Brain Tumors

Dr. yahya alsiaghi

professor of plastic and maxillofacial surgery
althorah modern general hospital, general military hospital
the head coordinator of yemeni board plastic surgery



Dr basheer othman

Ass prof of plastic and reconstructive surgery
althorah modern general hospital, general military hospital
the second coordinator of yemeni board. Of plastic surgery



Radial nerve injury is considered

one of the most debilitating injury affecting function in the hand because of impairment of wrist; fingers; and thumb extension and the loss of the grasp of the hand .

These injuries are not uncommon in our society resulting in poor quality of living, dependency & loss of livelihood.

Multiple varieties of treatments are available either surgically repaired or conservatively Each consists of the patient wearing a brace (External splint) and undergoing rehabilitation.

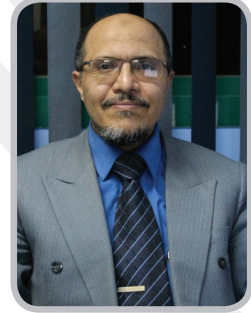
The aim of rehabilitation is to maintain the passive motion of various joints and to limit the risk of adhesions.

Tendon transfers are also an alternative method and it has been used for over a century to restore function after radial nerve injury or paralysis with good results. Innumeros early partial Tendon transfers can be used in conjunction with early radial nerve repair or conservative management to decrease the complications and improve the rehabilitation program what is called as intrinsic splint, Late or complete tendon transfers have been described to treat. Chronic radial nerve palsy, and all have their advocates who have shown commendable results.

Percutaneous Endoscopic Interlaminar Lumbar Discectomy as a versatile approach

Dr. OMAR Y HAMMAD, PHD, MD

professor of Neurosurgery at Ain Shams University,



Introduction

Petroclival Meningiomas which constitute 5% of all intracranial meningioma, are difficult lesions to treat.

Methods :

I operated upon 88 cases of petroclival meningiomas in the period between 1990 2020. Seven patients were lost for follow up. We are presenting our experience with 69 cases (average age 43 years) which were followed up for a period ranging from 26 176 months. There were 48 females, and 21 males. None of our patients had previous surgeries for their meningiomas.

Results :

The main presenting manifestations were cranial nerve involvement, with abducent nerve deficits being the commonest. Other presentations included ataxia, hemiparesis, quadriparesis and features of raised intracranial pressure. Radiological diagnosis rested on the use of brain MRI, MRA, MRV and thin slice C-T scan of petrous bone and clivus. Surgical approaches utilized were retroseggmoid in 40 patients, petrosal in 9 patients and combined approaches in 5 patients. We achieved gross total resection in 38 patients and subtotal resection in 16 patients. Recurrence occurred in all 13 patients who had subtotal resection, and in 7 patients who had gross total resection. After a period of observation, Gamma radiosurgery was used in 11 patients, using 12 – 15 gray to the 50% isodose. Tumor control was achieved in 9 patients. Surgical results were: poor outcome in 4 patients, fair outcome in 10 patients and good outcome in 40 patients. Complications included new carinal nerve deficits in 15 patients, pyramidal weakness, CSF fistula and hydrocephalus. Mortality occurred in 2 patients.

Conclusion :

Petroclival Meningiomas are formidable lesions to treat. Factors influencing surgical outcome include neurovascular relationship, bony invasion, multiple intracranial compartment involvement, among other factors. Every effort should be done to achieve gross radical excision. However this is not possible in some cases. For such residual tumors, Gamma radiosurgery should be used, after a period of observation.

The role of orthopedic surgery in management of children with cerebral palsy

Dr. Salah Salah Sailan Obaid
Orthopedic neurosurgery consultant



Dr. Mohammed Dhaif Allah
Orthopedic neurosurgery consultant



Abstract

Orthopedic surgery (OS) plays an important role in the management of cerebral palsy (CP). The aims of OS are to improve functions, correct and prevent bony and joints deformities. The OS related treatment for CP are non-surgical, and surgical options include bony and soft tissue procedures and single-event multilevel level Surger/SEMLS, which have led to significant improvements in gross motor function and ambulation, especially in spastic quadriplegia, athetosis, and dystonia. The effort OS are direct to facilitate independence, maintain activities of daily living. The results of OS can be dramatic and life altering for the children with CP and their families if it is performed by a specialized surgical team, at the appropriate age, for the correct indications, employing multidisciplinary team model, institutional rehabilitation, and long term followup. However, OS can be a double-edged sword, and if performed less than optimally, and without the supporting multidisciplinary and rehabilitation team, it often leads to significant functional worsening of the child with CP, including loss of previous ambulatory ability. OS must be integrated into the long term management of the child with CP and should be planned at the optimal time and not viewed as a “last resort” intervention or failure of rehabilitation. This lecture reviews the relevant management principles and techniques of OS in CP.

Keywords: Cerebral palsy, orthopedic surgery, single event multilevel surgery



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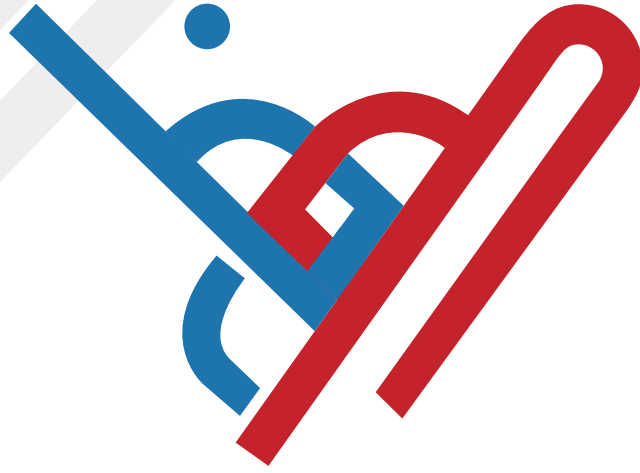


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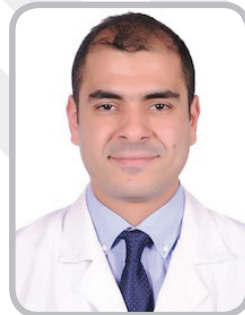
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العامة والاستيراد

Role of intra-operative Ultrasonography in resection of intrinsic brain tumors

Dr. Aly Ibrahim Soliman, MD, PhD

Consultant Neurosurgeon

Assistant Professor of Neurosurgery, Ain Shams University



Bachelor of Medicine & Surgery, Ain Shams University, 2005

Masters of Science in Surgery, Ain Shams University, 2009

Clinical Fellow in functional and stereotactic neurosurgery, OHSU, Portland, OR, USA. 2014 - 2015

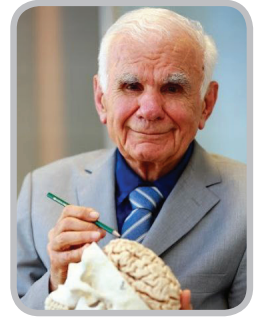
Clinical Fellow in skull base surgery and vascular neurosurgery, OHSU, Portland, OR, USA. 2015-2016-

MD/PhD Neurosurgery, Ain Shams University, 2017

Dr Aly Ibrahim graduated magna cum laude from the faculty of medicine, Ain Shams University. He finished 7 years of neurosurgical residency at Ain Shams University Hospitals and earned a MSc and PhD degrees in Neurosurgery. Then after passing the USMLE exams, he went on to enrich his training in the US through, first clinical attachments at Johns Hopkins and Columbia Universities, then clinical fellowships in functional neurosurgery and skull base surgery at Oregon Health & Science University, respectively. Dr Ibrahim's main interests are complex brain tumor surgery, where he uses a combination of clinical knowledge, expertise and cutting edge technologies to achieve the best outcome for his patients. Dr Ibrahim also treats Parkinson disease through deep brain stimulation and performs surgery for intractable epilepsy and trigeminal neuralgia. Additionally, he treats spine conditions like herniated discs, spinal fractures and tumors.

The Impact and Significance of Microneurosurgery

Prof. M. Gazi Yaşargil .MD



- Professor Mahmut Gazi Yesergil is considered The GodFather of Micro Neurosurgery
- (born 6 July 1925) is a Turkish medical scientist and neurosurgeon. He collaborated with **Raymond M. P. Donaghy M.D** at the University of Vermont in developing microneurosurgery.
- Yaşargil treated epilepsy and brain tumours with instruments of his own design.
- From 1953 until his retirement in 1993 he was first resident, chief resident and then professor and chairman of the Department of Neurosurgery, **University of Zurich** and the **Zurich University Hospital**.
- In 1999 he was honored as «**Neurosurgery's Man of the Century 1950–1999**» at the Congress of Neurological Surgeons Annual Meeting.
- He is a founding member of Eurasian Academy.
- He is regarded as one of the greatest neurosurgeons in the modern age.



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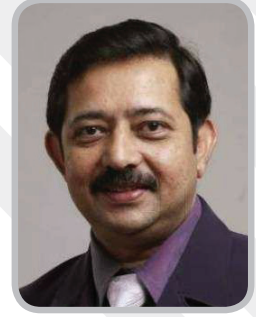


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Cervical Mylopathy: Management

Approaches

Dr J.K.B.C.PARTHIBAN



Senior Consultant Neurosurgeon Spine - Neurosurgery

Course Director - Diplomate National Board of Examination Department of Neurosurgery ,
Kovai Medicl Center and Hospital Coimbatore, Tamilnadu, India 641036

- He served NSI an Executive Committee member between 2017 and 2021 and contributed positively in the development of NSI and its functions.
- Contribution to Neurosciences and Spinal surgery
- Dr. Parthiban has published many articles (70) in Indian and International journals . Academic contributions in the form of Original articles on Basal Cisternostomy, Cervical inter body allo /auto grafts, Ventral screw fixation for type 2 Odontoid fractures and Double hook retractor for Micro lumbar discectomy and Text book chapters on Posterior cervical fusion techniques, Fusion techniques in lumbar spine and Pedicle screw fixation in 'Text book of Operative Neurosurgery' are few among many to mention.
- Teaching faculty in Spinal surgery in India and Abroad – Active in Live demonstrations, Cadaver workshops and Saw bone model workshops . In 2015 he obtained DNBE Neurosurgery post graduate education at Kovai Medical Center and Hospital, Coimbatore, Tamilnadu and the first 10 students are consultants and fellows in subspecialty in various states in India
- Contribution to WFNS - Spine Committee
- Currently he is the Secretary of Neuro Spinal Surgeons Association Foundation
- Founder member of Indian Associations :

How Simple tailored approach triumphs complex one in Skull-Base surgery



Dr. Imad N. Kanaan .MD

- Consultant Neurosurgeon . Saudi Arabia
- Chair of the Department of Neurosciences at King Faisal Specialist Hospital and Research Center Riyadh, Saudi Arabia
- Director neurosurgery training program, Saudi Arabia

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Future of Ropotic Spine Surgery

Prof. Dr. Salman Sharif



Head of Nerosurgery Liaquat medical school – Karachi Pakistan

F.R.C.S. Gen Surgery (England) in Feb 1993

F.R.C.S (Surgical Neurology) in April 1999

Positions:

Visiting Professor:

- University of Wisconsin at Madison, US
- Cleveland Clinic, Ohio US
- Kiel University, Germany

Secretary: World Spinal Column Society

Executive Committee Member:

- Middle East Spine Society
- Asian Congress of Neurological Surgeons
- Asia Pacific Cervical Spine Society
- South Asian Neurological Surgeons
- World Federation of Neurological Surgeons
-

Past VP: Pakistan Society of Neurosurgeons

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- World spinal Column Journal Turkey
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- Journal of Neurosciences in rural health India
- Turkish Neurosurgical Journal

Director/ President of over 30 international workshops/ conferences including ACNS/ World Spine/ Liaquat international symposium/ trainers educational programs

President, Karachi Spine Update 2015

Trans nasal & trans Otic approaches to petrous bone

Dr. Vinod Felix, MD

Consultant ENT & Endoscopic skull base surgeon , KIMS Health, Trivandrum



- MBBS - Madurai Medical College, Tamilnadu, India (1997 TO 2002)
- MS (ENT) - Madras Medical College, Tamilnadu, India. (2005 TO 2008)
- Fellowship and Trainings:
 1. Endoscopic Skull Base Surgery under Prof Paolo Cappabianca, University of Naples, Federico 11, Italy – February & March 2013.

CURRENT DESIGNATION-

- Consultant ENT & Endoscopic skull base surgeon , KIMS Health, Trivandrum
- Senior Consultant & Head of Department of ENT & Endoscopic Skull Base Surgery, SUT Hospital, Pattom, Trivandrum, Kerala, India.
- Honorary Consultant in Endoscopic Skull Base Surgery, SreeChitra Institute of Neurosciences, Trivandrum, Kerala, India.
- Honorary Consultant in Endoscopic Skull Base Surgery, Regional Cancer Centre, Trivandrum, Kerala, India
- Visiting Consultant in Endoscopic Skull Base Surgery, Nobel Institute of Neurosciences, Nobel Medical College, Nepal
- Visiting consultant in Endoscopic Skull Base Surgery, Federal Centre for Neurosurgery, Tyumen, Russia

Summary:

Petrous apex lesions can often be challenging to approach , as they are deep seated and due to the close proximity of critical neurovascular structures. In spite of that many of these lesions can be tackled by the conventional petrosectomy approaches. This lecture aims to orient the audience about alternative approaches to petrous apex ,ie transnasal and transcochlear approach ; which may be a better alternative in a few of these lesions..

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The Care Continues...





Outcome of operative correction of Thoracolumber junction fractures patients in 48 Hospital



Dr. Noofel Ali Al-Ashhab, M.D,

Outcome of operative correction of thoracolumbar junction fracture in patients admitted at 48 model hospital during 2019-2021 - - Sana Yemen

Definition:

The thoracolumbar junction is the most common area of injury to the axial skeleton . A wide variety of injury patterns and clinical presentation is encountered in the region, Since the spinal cord ends in the region , neurological injuries can result in either a cord or a cauda equine lesion, which vary in their prognoses . Significant controversy exists regarding intervention for these fractures .

Objectives :

To know the distribution of the thoracolumbar junction spine fracture according to age, gender, mechanism of injury, type of the fracture, neurological deficit .also reviews the general principles of evaluation and treatment of thoracolumbar fracture and To assess outcomes for surgery management of thoracolumbar junction spinal fractures also To know the outcome of operative correction of thoracolumbar spine junction fracture according to kyphotic angle and vertebral body height by posterior spinal fixation

Methodology and Material:

A hospital based , descriptive Prospective study . 45patient come to 48 model hospital with traumatic TLSF all of them underwent for surgical treatment over a period of 2 years from 2019 to 2021 . My database collected from patient whose underwent surgical operations by the questionnaire the Surgical Treatment was done and Early follow up and evaluation By post- operative check x-ray was done Our outcomes are based on radiographic measurements kyphotic angle , anterior vertebral body height . The Statistical program For social science (SPSS) has been used .

Result :

A total of 216 patients with TLSF my study follow 45 them were operated by posterior spinal fixation .Fractures and fracture dislocations accounts 50% of all vertebral fractures and 40% of spinal cord injuries the peak age was between (16-30) years , represent (44,4%) .the dominant gender was the male with percent (68,9%) . And the most reason was RTA (73.33) Regarding to level the TL J was the most common region of thoracolumbar spinal fracture (T11-L1) (53,3%) . Regarding to the Denis classification system the predominant type fracture was compression fractures with percentage of (48,9%) . we found that (28,9%) of them had partial deficit , (20%) had complete neurological deficit and (51,1%) neurological intact , about 48% of patients presented with kyphotic deformity between 10-20 degrees. The mean kyphoticsed deformity was (20.4) degrees preoperatively and decreased to (4.6) degree in immediate postoperative period , corrected by (15.8) degrees and (77.5%) The percentage loss of anterior vertebral body height was (53%) compared to the lower normal vertebra preoperatively decreased to (10.3%) on immediate post-operative period . the mean difference of anterior vertebral body height was (42,87%).

High grade Glioma management and controversies (state of the art)

Dr. Edres Noman

Arab board neurosurgery

Yemen board neurosurgery

Head of neurosurgery dept.Saudi germen hospital Sana a



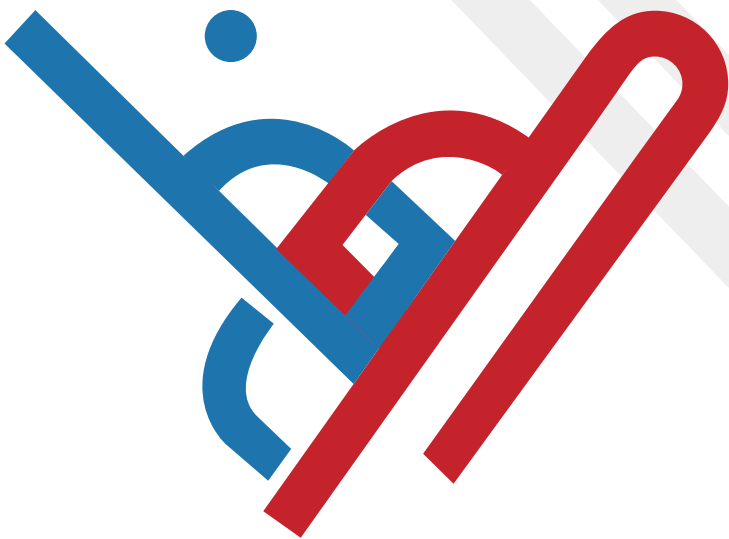
TO STUDY THE RATE OF HIGH GRADE GLIOMA ,NON _ ENHANCING LESIONS (HIGH GRADE GLIOMA)SATE OF THE ART

Purpose: Although non-enhancing lesions suspicious for glioma are usually assumed to be low grade glioma (LGG), some high grade glioma (HGG) do not enhance, which may lead to a delay in biopsy and/or resection, diagnosis, and treatment initiation. Thus, there is a clear need for a large-sample study that quantifies the rate of malignant, non-enhancing gliomas.

Methods: We retrospectively reviewed our series of 231 consecutive surgically treated gliomas with tissue diagnosis, 56 of which were non-enhancing, to determine the prevalence of high-grade histology in radiographically presumed LGG.

Results: We identified 231 surgically treated gliomas with tissue diagnosis from August 2012 to januray 2022 and found that 56 patients (24%) demonstrated non-enhancing lesions suspicious for glioma on preoperative MRI. A sixteen patients (28%) of the non-enhancing lesions were classified as HGGs (WHO Grade III or IV). Non-enhancing lesions were four times more likely to be HGG in patients older than 60 years than patients younger than 35 years (41.2% vs. 11.4%

Conclusion: A clinically significant proportion (28%) of non-enhancing lesions were found to be HGG on final pathologic diagnosis. Thus, in patients with good functional and health status, especially those older than 60 years, we recommend obtaining tissue diagnosis of all lesions suspected to be glioma, even those that are non-enhancing, to guide diagnosis as well as early initiation of chemotherapy and radiation therapy.



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Vascular Anatomy of Lumbo Sacral spinal cord segmen and its Surgical implications

Dr. Victor Hugo Perez. MD

Neurosurgeon, Neuroanatomist
Neurosurgeon Hospital Anglo Metropolitan
Mexico City, Mexico



Role of endoscope in Intra ventricular Brain Tumers

Dr. Henry W.S. Schroeder .MD



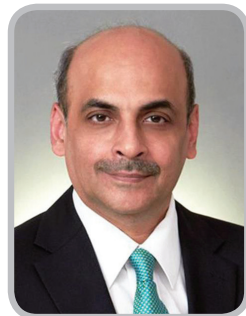
has been a university professor and director of the clinic and polyclinic for neurosurgery at the University Medical Center Greifswald since 2004. He had previously headed the clinic on an interim basis for a year. The neurosurgeon was born in Prenzlau and studied in Greifswald. Here he was already an assistant doctor and senior doctor before he qualified as a professor in 2001. The International Federation of Neuroendoscopy is a scientific society that brings together around 300 neurosurgeons from all continents. The mission of the IFNE is the worldwide dissemination of endoscopic surgical techniques that enable minimally invasive operations on the head and spine. Numerous surgical courses and scientific conferences are held every year under the auspices of the IFNE.

- Chairman of the Department of Neurosurgery at the University Medicine in Greifswald, Germany.
- President of the International Federation of Neuroendoscopy
- Former Chairman of the Neuroendoscopy committee of the WFNS from 2014 -2017

Defining surgical strategy in skull base tumors

Dr. Atul Goel .MD

Consultant Neurosurgeon



- President: Neurological society of India, 2018 – 2019
- President: Craniovertebral junction and spine society
- Professional & Academic Positions:
 - Professor and Head: Department of Neurosurgery, King Edward Memorial Hospital and Seth G.S. Medical College, Parel, Mumbai, India, 1998 – Present.
 - Consultant Neurosurgeon: TATA Memorial Hospital and Cancer Research Institute, 1999 – Present.
 - Hon. Consultant Neurosurgeon, Lilavati hospital and research Centre, December 2004.
 - Honorary consultant to Governor of Maharashtra State, India, 2009
- Editorial Positions and Professional Memberships
 - Chairman, Editorial Board, Journal of Neurosurgery (Spine). 20142015-
 - Section Editor, World Neurosurgery
 - Editor, Journal of Postgraduate Medicine, INDIA, 2001 –2007,
 - Editor: Neurology India, 2003 – 2008.
 - Editor in Chief: International Journal of Neurology and Neurosurgery
 - Editor in Chief: Journal of Craniovertebral junction and Spine,
- Contributions to Neurosciences:
 - Book: Kobayashi S, Goel A, Hongo K. Neurosurgery of Complex Tumors and Vascular Lesions. Churchill Livingstone, New York/London, 1997. ISBN 044-70-3078X.
 - Goel A, Cacciola F: The Craniovertebral Junction: Diagnosis, Pathology, Surgical Techniques.2011, Georg ThiemeVerlag, Stuttgart, Germany. ISBN 978-13-3-1-149071
 - Number of Publications in pubmed indexed journals–692
 - Five articles included in Highest cited 100 papers published inNeurology India. - Publication in Neurology India 2016.
 - Two articles included in ‘The hundred most influential publications in cervical spine research’. –Publication in Spine 2016.
 - Two article in the top 50 most cited articles on craniovertebral junction surgery. Publication in Journal of Craniovertebral junction and Spine. 2017

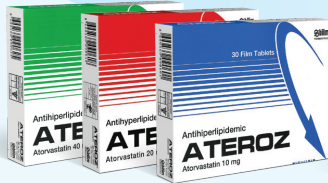
bilim

PHARMACEUTICALS



Dexketoprofen Trometamol

Thiocolchicoside



neutec



LUPIN



21ST CENTURY



Himalaya

SINCE 1930



ادوية



50 ELEMENTS BIOTA

LABORATORIES



Santa Farma



ما هي يمن واي فاي؟

خدمة انترنت لاسلكي ذات سرعات عالية في نقل واستقبال البيانات ، تقدمها الاتصالات اليمنية في العديد من التجمعات.

مزايا يمن واي فاي

1. سرعة عالية تصل الى 10 ميجا وبأسعار مناسبة.
2. تتوافق مع مختلف الأجهزة (الكمبيوتر - الهاتف - الأجهزة اللوحية)
3. سهولة الإعداد والدخول للشبكة
4. إمكانية استخدام رصيد يمن واي فاي في أي مكان تتوفر فيه الخدمة
5. باقات اشتراك بسرعات عالية وأسعار مناسبة
6. تتوفر الخدمة في العديد من التجمعات الرئيسية
7. ذات موثوقية وخصوصية وأمان عالي
8. إمكانية فتح حساب دائم لتسهيل الحصول على الخدمة

باقات الاشتراك في يمن واي فاي

م	سعر الباقة / ريال	الرصيد / جيجا	فترة الصلاحية
1	100	600MB	12 ساعة
2	300	2G	36 ساعة
3	500	3.6G	60 ساعة
4	1000	8G	120 ساعة

اماكن تواجد يمن واي فاي

- مــــــــــــــــولات
- أماكن تجمعات

- مستشفيات
- حدائق

- جامعات
- استراحات

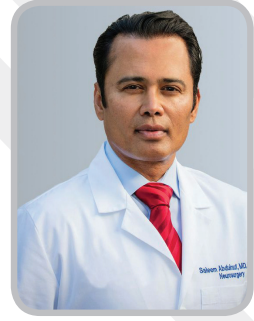
كيفية الاشتراك في يمن واي فاي

- يمكنكم الحصول على كود الاستخدام عبر رسالة نصية sms من خلال:
- البريد اليمني وفروعه
 - وكلاء البريد اليمني
 - نقاط البيع في مكان توفر الخدمة

للحصول على حساب دائم يمكنك زيارة صفحة دخول يمن واي فاي وإنشاء حسابك

Improving patient outcomes in the treatment for complex vascular lesions

prof. Saleem Abdulrauf



Saleem Abdulrauf is an American physician specializing in neurosurgery in St. Louis, Missouri, who has helped develop high-flow brain bypass surgery, a less invasive procedure for treating intracranial aneurysms than methods used previously.

He is the Neurosurgeon-in-Chief at the Abdulrauf Institute of Neurosurgery.[2] He is the Founding Chairman of the Department of Neurological Surgery at Saint Louis University School of Medicine and Director of the Center for Cerebrovascular and Skull Base Surgery at Saint Louis University Hospital in Saint Louis, Missouri.

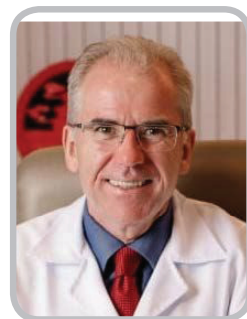
He has served as a visiting professor to over 100 universities around the globe. He has authored the main reference textbook for brain bypass surgery titled Cerebral Revascularization in which Abdulrauf details extra-cranial to intracranial bypass surgery.

He is considered the world authority on «Awake» surgery for Brain Aneurysms, Arterio-venous-Malformations (AVMs), and EC-IC Bypass.

- Abdulrauf has served on the boards of multiple neurosurgical societies, including the Congress of Neurological Surgeons (CNS) and the World Federation of Skull Base Societies (WFSBS).[3]
-
- He is the Global President of the Walter E. Dandy Neurosurgical Society Walter E. Dandy Neurosurgical Society
-
- The Abdulrauf University of Neurosurgery, the first university of neurosurgery was named after him.

Meningiomas: Current Management

Prof. Luis Borba .MD



- Professor and chairman of Neurosurgery, Federal university of Paraná. Brazil
- President of the Brazilian Society of Neurosurgery ..

Graduated in Medicine from the Federal University of Pelotas (1987). Adjunct Professor of Neurosurgery at the Federal University of Paraná 2013 - present Head of the Neurosurgery Service, Hospital de Clinicas, UFPR. Honorary Professor at SECHENOV University, Moscow, Russia Master in Neurosurgery from UNIFESP. Graduate in Skull Base Surgery from the University of Arkansas - USA. Doctor in Clinical Surgery at the University of São Paulo - USPRP. Coordinator of the Neurosurgery Service of the Hospital Universitário Evangélico de Curitiba,. Full member of the SBN. Member of the World Academy of Neurosurgery. WANS

WANS Secretary/Treasurer 2022-2026- Honorary Member of the Uruguayan Society of Neurosurgery. Honorary Member of the Bolivian Society of Neurosurgery. Honorary Member of the Tyumen Neurosurgical Association, Syberia, Russia. Full member of the Cranio Base Committee of the World Federation of Neurological Societies. 2008-2022- Chairman WFNS Education and Training Committee 2020 - 2024 Past President of the Neurosurgery Society of Paraná. (2004-2008-) Past President of the Brazilian Congress of Neurosurgery - SBN - 2014 Member of the SBN Board of Trustees. 2008 - present Past President Brazilian Society of Neurosurgery - SBN -2019-2020- Reviewer of the Neurological Review (Zurich-Switzerland - 2010-2016-) Member of International Advisory Board - Neurosurgery CNS Member of the Editorial Committee of the Brazilian Journal of Neurosurgery Assistant Editor of the Global Neurosurgery segment - Neurosurgery: Official Journal of the Congress of Neurological Surgeons - USA President World Congress of Cranial Base Surgery - Rio de Janeiro March 2022 Vice-President (President-Elect) of FLANC (Latin American Federation of Neurosurgical Societies) Conferencist at National and International Congresses (more than 200). Publications in International and National Journals on topics of interest (more than 70) Coordinator and Director of Skull Base Approaches Courses in more than 10 countries, Americas, Europe and Asia and Middle East AREAS OF MOST INTEREST: Meningiomas, Neurinomas, Chordomas, jugular glomus, skull base, craniocervical junction, jugular foramen tumors and cervical fixation.

Surgery of S.W.M with Vascular Encasement In Hadhramaut University Al-Borj Hospital

Dr.Khalid Bin Madhi

Associate Professor of neurosurgery
Vice Dean for Quality Affairs in faculty of medicine
Hadhramout university



Background:

Sphenoid Wing Meningioma surgery is one of the challenging surgeries in the field of neurosurgery. This is due to either a vasculature encasement or the tumor invasion to optic canal or cavernous sinus.

Objective:

This study is developed mainly to assess the possibility of performing total excision of the tumor in order to decrease its compression on the neural structures and decrease brain edema.

Method:

During period from March 2014 - March 2022; 50 patients of Sphenoid Wing Meningioma underwent to surgery.

Results:

Headache was the most common presenting complain (60%), followed by convulsions (20%). The least common presenting complains were motor deficit (10%), visual change (4%), and heaviness of speech (6%). The tumor was totally resected in the most cases (90%); and only (10%) remanent of the tumor was left in the cavernous sinus and the main vascular structure (ICA). However, these results depend on surgical strategy of our teachers who are learning it.

Title: Post traumatic stress Disorder

Dr. Ahmed AL-Baredah Consultant Oncologist



To determine the event-free survival (EFS) and overall survival of children with average-risk medulloblastoma and treated with reduced-dose craniospinal radiotherapy (CSRT) and one of two postradiotherapy chemotherapies. Four hundred twenty-one patients between 3 years and 21 years of age with nondisseminated medulloblastoma (MB) were prospectively randomly assigned to treatment with 23.4 Gy of CSRT, 55.8 Gy of posterior fossa RT, plus one of two adjuvant chemotherapy regimens: lomustine (CCNU), cisplatin, and vincristine; or cyclophosphamide, cisplatin, and vincristine.

Results:

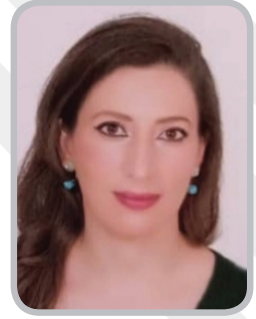
Forty-two of 421 patients enrolled were excluded from analysis. Sixty-six of the remaining 379 patients had incompletely assessable postoperative studies. Five-year EFS and survival for the cohort of 379 patients was 81% +/- 2.1% and 86% +/- 9%, respectively (median follow-up over 5 years). EFS was unaffected by sex, race, age, treatment regimen, brainstem involvement, or excessive anaplasia. EFS was detrimentally affected by neuroradiographic unassessability. Patients with areas of frank dissemination had a 5-year EFS of 36% +/- 15%. Sixty-seven percent of progressions had some component of dissemination. There were seven second malignancies. Infections occurred more frequently on the cyclophosphamide arm and electrolyte abnormalities were more common on the CCNU regimen. This study discloses an encouraging EFS rate for children with nondisseminated MB treated with reduced-dose craniospinal radiation and chemotherapy. Additional, careful, step-wise reductions in CSRT in adequately staged patients may be possible

Conclusion:

This study discloses an encouraging EFS rate for children with nondisseminated MB treated with reduced-dose craniospinal radiation and chemotherapy. Additional, careful, step-wise reductions in CSRT in adequately staged patients may be possible

Title: Post traumatic stress Disorder

Dr. Enas Hamad - Syria



Summary:

Posttraumatic stress disorder is emotions and adaptive behaviors which is understood as the way in which an organism interact with its world to assure its integrity and survival .

it is related to a specific event involving acutel or threatened death, serious injury,sexual violence.

The symptoms should be present for at least one month and have significant functional impact.

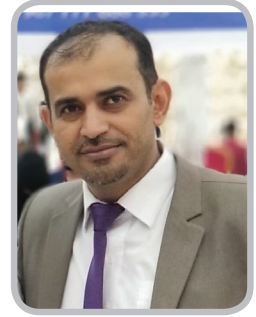
If symptoms are present less than 1month , the appropriate diagnosis is Acut Stress Disorder

The diagnosis and statistical Manual of Mental Desiorders,Fifth Edition DSM_5 , describe four cluster of symptoms:

- intrusive symptoms
- active avoidance
- Disturbed emotional state
- alteration of arousal and reactivity

Treatment: is pychotherapy that is effective in reducing in severity the symptoms and pharmacotherapy

Understanding cranio vertebral junction pathologies and screw placement techniques



Dr. Saleh AL-Redae. Consultant maxillofacial Surgeon. Yemen

It is known that injuries to the face, jaws and skull are common either from traffic accidents or from war injuries. And when the injuries involve the face and skull it can cause a brain and neurological damage which needs immediate surgical intervention by the neurosurgeon, this situation requires coordination between the neurosurgeon and the maxillofacial surgeon to determine the surgical plan and the importance of the surgical intervention in terms of the face and jaws according to The patient's general condition and the degree of brain damage as a result of the trauma. In this presentation, we will discuss what was previously mentioned regarding the prognosis and outcome with a presentation of clinical cases before and after surgical intervention.

Minimal invasive surgery in children

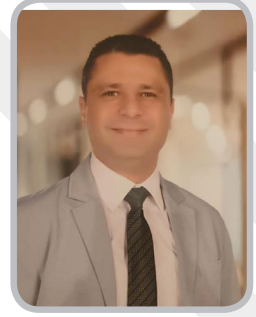


Dr. Ali Mishani MD Head Of Omani And Arab Assosiation Of Neurological Surgery

Dr. Ali Mishani is Prof. of Neurosurgery and Senior Consultant, Neurosurgery, and EX – DG of Khoula Hospital, Muscat . He has 25 years of experience in clinical service (15 years as a Sr. Consultant, Neurosurgeon).

Dr. Mashani is trained from leading institutes of KSA, King Faisal fellowship of Neurosurgery (KFFNS) and Member of Saudi Board of Neurosurgery, KSA. He is actively attending international professional conferences and presenting papers in most of these conferences. Participated in organizing workshops in neurosurgery. Training and teaching students and residents. He is an expert in all types of Spine & Neurosurgery. Regular in and out-patient service and Neurosurgery procedures. His main research activity is on Neurosurgery diseases. Collaborated locally and internationally. Published 3 papers in peer-refereed journals as well as 20 conference abstracts and presenting papers in Asia, UK, Gulf Countries, Pan Arab Editorial Board Member of Oman Medical Journal.

Current Practice in Epilipsy surgery



Dr. Salah Hamadah

Consultant Neurosurgeon and Spine Surgeon

Faculty of Medicine . Ain Shams University, Egypt

Member of the British Royal Collage of surgeons 2015

Head of Neurosugical Department at Demerdash Hospital , Ain Shams University 2008 - 2010

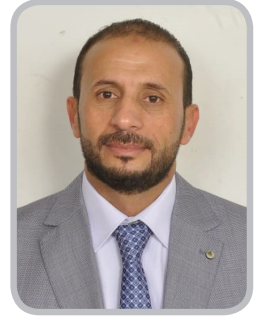
Journey of Skull base syrgery - Personal perspective



Dr Prakash Kafle (MS/MCh -Neurosurgery)

- Associate Professor &Head Department of Neurosurgery - Nobel Medical College Biratnagar Nepal
- Fellowship-Neuro endoscopy-India
- Fellowship Hernesniemi Skullbase and Microvascular
- Special interest -Skull base surgery

Short Term Outcome After Posterior Lumber Interbody Fusion & Tpf Vs Tpf Alone



Dr.Mohammed H. Alkhaishani

Consultant Neurosurgeon

Short-Term Outcomes Of Lumber Interbody Fusion(Plif&Open Tlif) And Classic Discectomy With Tpf;Is There Any Difference

ABSTRACT

Object: in this study the aim was to compare outcomes of lumber interbody fusion(PLIF &open TLIF)with those of TPF with discectomy to determine whether lumbar interbody fusion improves postoperative early functional mobility &decreases the use of post operative pain medications.

Methods: in total 60 consecutive patients who underwent either(lumbar discectomy &TPF) or (PLIF open TLIF)at Modern AZAL hospital –sanaa) between September -2021 and March -2022 were included and patients were followed for an average of 3 months.

N.B. 35 patients underwent discectomy-TPF alone and 25 patients underwent lumbar interbody fusion (7 TLIF &18 PLIF)

Outcomes included administration of pain medications and functional status on post operative day one and 2, Another issue is the bending ability of the patient and the local lower back tenderness after 8 weeks of operation.

RESULTS: no statistically significant difference in age ,sex,body mass index(BMI) ,no of disc levels involved were detected between (discectomy&TPF)and Lumbar interbody fusion(PLIF&open TLIF)but surgical indications were different in that the lumbar interbody fusion were with severely degenerated &narrowed disc spaces, some with vacuum phenomena.

Intraoperatively: compared with DISCECTOMY-TPF and PLIF –open TLIF resulted in increase in duration of operation by average of 40 minutes ,same blood loss ,no increase of complications or hospital stay.

Total administration of pain medications in the hospital also tended to be lower in the LIF groups than in the TPF alone group.

Functional assessment on post operative day 1 & 2 demonstrated higher function in LIF group (ambulatory ability &distance walked)than in TPF alone group ($p<0.05$).

CONCLUSION: the LIF approach achieves improved functional mobility ,decreases the usage of post operative pain medications and greatly improved the bending ability of the patient and decrease low back tenderness in the 2 months after surgery and minimize the post op.

Timing of lumbar disc surgery: Key notes

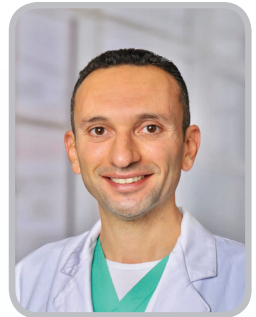
Dr. Nidhal AL-Rosan .MD



temp

Spinal Sagittal plane deformity and corrective osteotomies

Dr. Aboubakr Gamal



- Consultant and lecturer of neurosurgery, Ain Shams university .
- Locum neurosurgeon , Dalhousie university , Canada.
- Former Clinical spine surgery fellow, Harvard , USA .
- Former Clinical spine surgery fellow, Ohio state university, USA

Clinical And Radiographic Outcomes Of Surgery In Spinal Deformity

Dr.ADNAN ABDULLAH AIAWADI

consultant neurosurgeon TMGH. Dr. OMER ABDULLAH SALEH AL-TURKY: senior specialist neurosurgeon TMGH



ABSTRACT

STUDY DESIGN: Retrospective descriptive study.

OBJECTIVE: the first study in our country cite the spinal deformity surgeries. The purpose of this study was to determine the overall clinical and radiological outcome and complication rate in surgical treatment of spinal deformity and the relation of the type, severity, segment and degree of correction to complication and outcomes after surgery.

METHODS: a retrospective study including all age group patients who had spinal deformity of different causes including congenital spinal deformities, idiopathic scoliosis, adolescent idiopathic scoliosis, neuromuscular disorders, adult spinal deformity and other who underwent surgery mainly in our institution (TMGH – Sana'a) and some patients underwent operation in the private hospital by same team between January 2015 to January 2022, The calculated sample size was (51) patient, (30 females, 21 males). data collection By reviewing operation records of all patients in the study period and identified any case of spinal deformity correction included in the study, then filling the data sheet from the medical file. Each filled data sheet is revised by a member of the study team. Data analyses were performed using SPSS version 20.

RESULTS: A total of 51 patients of all age population who underwent spinal deformity correction surgery, 44 patients were pediatrics and only 7 patients were adult > 20years old. The mean age at time of surgery was 16.4 years ranged from (867- year) and 59%(n=30) of patients were female. 57% were scoliosis, 33% kyphoscoliosis and Primary deformity was the common 76.5%(n=39) with adolescence idiopathic scoliosis represent 53%(n=27). The most Common indications for surgical in primary type was cosmetic in 87% followed by neurological deficit in 56%, while in secondary type 89% of cases neurological deficit was the indication for operation. The average preoperative scoliosis Cobb angle was 67.2° (range -20° to +120°). The average number of levels fused was 11 (range 5-16 level). The average Cobb angle correction was 60% (range 0% to 100%). The early post-operative complication within 30day were pneumothorax in 10 case (20%), surgical site infection in 6 cases (12%), CSF leak in 4case (8%), neurological deficit in 3patients (complete deficit in one patient(2%) incomplete deficit in 2 cases (4%)), other complication were noted in 3 case (6%). The mortality rate were 3 patients (6%).

CONCLUSIONS: This study reported that pedicle screws technique is an effective method for treatment of spinal deformity. This study provides insight into the clinical characteristics of spine deformity patients and their post-operative outcomes following deformity correction. Post-operative complications and outcome were closely related to preoperative female gender, primary type deformity, severity of the cobb angle. Identification of these risk factors will help to minimize complication, allowing for optimized care, could be used as an adjunct to clinical judgment in pre surgical planning, risk stratification, and for counseling patients preoperatively and can be used as a reference for future studies.

Taumatic Spinal injury During Pregnancy (case Series) and management updates

Dr. Ahmed Saleh AL-Jradi

Senior Specialist Neurosurgeon
Arab+Yemeni Board Certification
Fellowship In Clinical Skull Base & Cerebrovascular Micro
Neurosurgery 2018
Member Of The American Association Of Neurosurgery Aans
Member Of Ao Spine
Member If The Scientific Committee Of The Yemeni Neurosurgical
Society



Abstract

Background: There is scant literature describing the management of acute spinal injury in pregnant patients. Here, we report our experience with five cases of pregnant patients including three females who suffered acute traumatic spinal cord injuries (SCIs).

Methods: This retrospective study evaluated five pregnant women presenting with traumatic spinal injuries over a 16-month period. All were assessed using the International Standards for Neurological Classification of Spinal Cord Injury Patients and the American Spine Injury Association Impairment Scale (AIS).

Results: Three patients sustained SCIs: two cervical spine (C4 AIS-A and C5 AIS-B) and one thoracolumbar junction fracture dislocation (T11 AIS-A). Two patients required surgical stabilization during pregnancy, with one undergoing surgery after delivery. All three patients subsequently delivered healthy newborns. The remaining two patients without neurologic deficits at admission were treated conservatively; one had a healthy child, whereas the other patient aborted the baby due to the initial trauma.

Conclusions: Our study demonstrates that the same surgical principals may be applied to pregnant women as to routine patients with SCIs. Further studies with greater patient data should be performed to better develop significant guidelines for the management of pregnant patients with spinal injuries.

Causes of incomplete Resection of Pituitary Adenoma after Endoscopic Endonasal Trans_Sphenoid Approach



Dr. Ammar Ali Al Mekhalfi, MD

masters degree and PHD in neurosurgery from Cairo University›s Al-Kaser-AINY faculty of medicine. He obtained a fellowship in brain and skull base endoscopy from Greifswald University in Germany. He works with the CORE Clinic Center in neuroscience in Egypt.

ABSTRACT

- **Aim:** to identify the causes of incomplete resection of the pituitary adenoma after endoscopic trans-nasal transsphenoidal removal. include the bony work, surgeon experience, size of tumor, cavernous sinus invasion, early descending diaphragma sellae.

- **Methodology:** the study was conducted on both operated cases and on-going respectively in the period between March 2017 and August 2018, suffering from pituitary adenoma.

- **Results:** fifty patients were included in this study. 31 male, 19 female. The types of tumors among 50 cases were 50% non-functional (25cases), 18% prolactinoma (9cases), 4% Cushing's disease (2cases), 26% growth hormone secreting (13cases) and 2% hypo-function (1case). we have found that 44 cases (88%) were partial resection, 8% of the cases (4cases) were near total resection and 4% of the cases (2cases) were biopsy Complete obtained in 13 cases and in complete resection was in 37 cases Relation between bony work and experience of the surgeon. Experience of surgeon (more than 20 cases), complete resection was obtained in 3cases, while in complete resection was in 2 cases, Experience of surgeon (less than 20 cases), complete resection was obtained in 8cases, while in complete resection was obtained in 37 cases. Relation between the amount of resection and experience of the surgeon. The amount of resection with surgeon experience was obtained in 5 cases, one of them was biopsy (20%), the other one was partial resection (20%), and the rest of them (3cases) were near total resection (60%) The amount of resection with surgeon experience less was obtained in 45 cases, one of them was biopsy, the other one was near total resection, and there were 43cases were partial resection. The relation between the amount of resection and descending diaphragma sellae was found in 43 cases, in which, 42 cases had partial resection, 1 case was near total resection, with no cases only biopsy. cavernous sinus invasion was found in 9 cases, in which the amount of resection was partial in 7 cases and near total resection in 2 cases and no biopsy The amount of resection with surgeon experience (less than 20 cases) was obtained in 45 cases, one of them was biopsy, the other one was near total resection, and the rest of them (43cases) were partial resection. Complication of endonasal surgery Loss of vision was found in 2% (1case), epileptic fits in 2% (1case), diabetes in sipidus in 42% (21cases), CSF leakage in 12% (6case), carotid injury in 2% (1case)

- **Conclusion:** the surgical experience is the cornerstone for surgical resection of pituitary adenomas which were treated by endoscopic trans-nasal trans sphenoidal approach the experience of the surgeon is the most important factor that influences the outcome, in addition to the bony exposure and the diaphragma sellae descending.



أبحاث تخرج

Spontaneous Intracerebral Haemorrhage Mortality In Tmgh-Sana`A Based On Hemphill Et Al Ich Score

Dr. Adnan Abdullallah Y. Al-Awadi

Senior Consultant of Neurosurgery, Former chairman of Neurosurgical department in (TMGH) – Sana`a, Republic of Yemen

Dr. TAREK ALI S. AL-TAREK

MBBS, Yemeni & Arab board Neurosurgical Residence TMGH-Sana`a, Republic of Yemen



ABSTRACT

BACKGROUND: Spontaneous non-traumatic intracerebral hemorrhage (ICH) remains a significant cause of mortality and morbidity throughout the world. To improve the devastating course of ICH, various clinical trials for medical and surgical interventions have been conducted in the last 10 years. Recent trials have not been able to demonstrate the overall beneficial effects of surgical intervention on mortality and functional outcomes. However, some patients with ICH may benefit from surgical management in specific clinical contexts and/or at specific times. Upon understanding the current guidelines for the management of ICH, clinicians can administer appropriate treatment and attempt to improve the clinical outcome of ICH. The purpose of this study is to help in the decision-making of the medical and surgical management of ICH.

OBJECTIVES OF THE STUDY

- The effect of surgical intervention on outcome of the spontaneous ICH according to Hemphill ICH-Score.
- To evaluate the mortality rate for each group of ICH-score with comparison to Hemphill et al result.
- To estimate the overall 30-day mortality.
- To identified other risk factors which may effect the outcome of ICH other than specified by Hemphill et al.
- To estimate the distribution of ICH in our center according to age, gender, associated with systemic diseases. Based on Hemphill ICH-score.

STUDY DESIGN & SETTINGS

This is a retrospective study (2017, 2021- years) and was conducted the department of neurosurgery in Al-Thawara Modern general Al-Thawara Hospital (TMGH) – Sana`a over Feb. 2017- Dec.2021.

METHOD

Data was collected from the files of the patients were admitted in neurosurgical ICU between the period of Feb. 2017/2021- who admitted in the ICU for both groups of patients who underwent operations (surgical evacuation, EVD) and who treated conservatively.

RESULTS

The 30-Day mortality rates for patients with ICH-score 4,3,2,1 and 0 were 100.0%, 81.8%, 63.0%, 31.0% and 20.0% respectively, No patients with score 5 and score 6 detected in our study, although this would be expected to be associated with mortality. The mortality rate within operated group was 71%. (In another word, the mortality rate in operated group was about 24% while the mortality rate with the conservative group were 31.2%). 30-Day mortality rate related to the age below 80 years were 54.2 %, And 60% 80 years & above. The overall of mortality rate 54.8%.

CONCLUSION

The ICH-Score scale provide a standard assessment tool that can be easily and rapidly determined at the time of ICH presentation that will allow consistency in communication and treatment selection in clinical care and clinical research.

Outcome Of Decompressive Hemicraniectomy In Traumatic Brain Injury

Dr. Basheer Hussein ALMOAYANA
Specialist Neurosurgeon



ABSTRACT

Background & Aim:

Refractory intracranial hypertension (ICP) is the most leading cause of poor neurological outcomes in patients with severe traumatic brain injury (TBI). Decompressive craniectomy (DC) has been used in the management of refractory ICP for about a century, and is presently one of the most important methods for its control. The aim of our study was to evaluate the results and effectiveness of DC in the treatment of severe TBI, to identify the Primary and secondary surgical complications, and prognostic factors related to DC.

Patients and Methods:

This study is a descriptive observational study with cross-sectional analysis of outcome. We investigated 56 patients undergone DC, from 4393 patients (pts) victims of TBI during the period (JULY 2012–MARS 2019)

Results: Among 4393 pts with TBI, (penetrating 66 %, closed 34 %), (59.16 %) managed conservatively, (40.84 %) underwent surgical procedure (39.56 % craniotomy & 01.27 % DC). The mean age of those pts was 24 (rang 357-). The peak incidence of injuries was 58.93 % in the age group (1125-years), and were 100 % male. patients suffered various forms of trauma, including gunshot to head, explosion with penetrating foreign bodies to head, RTA, falls, but the most common mechanisms of trauma were Penetrating brain injury (missile, explosion) (66.07%). From those patients 31 (55.36 %) presented with GCS \geq 8/5 at the time of admission, with 50 % presented with largely unilateral dilated fixed pupil. The finding in brain CT scan on admission was consistent with Marshall classification V in 29 pts (51.79 %) Coexisting systemic injuries found in (48.21 %) of pts, the maxillofacial trauma was the most common (44.44 %). 24 pts (42.86 %) of pts, admitted to OT in 612- hours from the accident. The most common neurological complication was epilepsy requiring antiepileptic drugs (41 %), the most common non-neurological complication was prolonged Intubation and need for respiratory support (55.35 %). At the time of discharge from the hospital, 36 pts (64.29 %) had favorable outcome, 14 pts (25 %) had poor outcome, 6 pts dead (10.71 %). After a period of rehabilitation and follow up, the good outcome increased to (69.64 %), by improvement of 03 pts. Those conditions could predict the outcome of surgery, and had significantly worse the outcome, significantly more than other variables, GCS < 8/5, CT scan Marshall IV & V, late admission to the OT, so that higher or very younger age had no influence in the outcome in this study, 4 pts (7.14 %).

Conclusion:

DC is commonly performed as an empiric lifesaving measure in an attempt to protect the brain from the damaging effects of propagating edema and intracranial hypertension. The most common cause of traumatic brain injuries in our country was gunshot and explosion.

Improving patient selection and early operation may improve functional outcome in severely brain-injured patients.

A Comparative Study Of Subdural Vs Subperiosteal Drain After Burr Hole Evacuation Of Chronic Subdural Hematoma

Dr. Majed Zaid Abbas



Study Objective:

To compare the clinical outcomes between using subdural drain (SDDs) and subperiosteal drains (SPDs) after burr hole evacuation for patients who had chronic subdural hematoma.

Patients were assigned according to the type of drain they received after hematoma evacuation .

Results

Most cases of the two groups belonged to age group of > 60 years (65.2% and 70 %) of the SDD and SPD group respectively. Male gender was predominant (38 of 53) of the two groups with a proportion of male to female as 2.5:1. Most patients illiterates (78.2% and 93.3%) of SDD and SPD group respectively. The most common clinical presentation was headache (95.6% and 100%) of the SDD and SPD group respectively followed by gait disturbance (78.2% and 93.3%) . No significant difference between the two groups in relation to patients symptoms (P >0.05). Head injury was the commonest course of subdural hematomas in the SDD group (82.6%) and 100% of the SPD group followed by hypertension as 82.6% and 86.7% of the two groups respectively. Ischemic heart disease and antiplatelet drugs were observed among 60.8% and 52.1% of the SDD group respectively vs 86.7% and 66.7% of the SPD group respectively. There was no significant difference between the two groups regarding the initial Galscow coma scale (P > 0.05). and 1823/ of the SDD group had score between 9 – 13 vs 23/ 30 of the SPD group. All patients had CT – Scan imaging and the hypodense appearance was the commonest echo pattern seen among 78.2% of the SDD group compared to two thirds (66.7%) of the SPD group. Two cases of each group had shown bilateral hematomas. There was a significant improvement of the functional outcomes measured by Glasgow Coma Scale (GCS), and modified Rankin score (mRS) post drainage which was equally effective among the two types of drains.

postoperative complications , we observed a higher rate of bleeding among the SDD group (17.3%) compared to zero of SPD group (P 0.02). Maximum width of the hematomas showed improvement for the two groups but reduced more significantly in the SPD group(P 0.04) . We observed improvement of the maximum shifting (mm) among SPD group but did not reach significant (P 0.63). Misplacement of the drain was significantly detected among SDD group vs none of the SPD group.

There was 73.9% recovered , 17.3% deaths and the recurrence rate was 8.7% among the SDD group compared to 93.3% 6.7% and zero irrespectively in the SPD group with no significant difference between the two groups (P 0.10).

Conclusion

The data derived from this study demonstrate that subdural hematoma is common neurosurgery problem takes place often at older age and affects male more than female . These data indicate that the both drains either SDD or SPD significantly improve the patients outcomes but it appears that SPD drain has a favorable effect on the reducing the rate of post-operative bleeding reducing the maximum width of the hematomas and recurrence rate compared to SDD drain.

The Incidences and prevalence of revision screw in neurosurgical department in TMGH during period from Jan 2015 TO DEC 2020

Dr. Balquis Ali Abdualziz Homaid



Abstract:

- Main objective: To study the incidence and prevalence of revision screws

Patients and methods: All medical files, operative notes, 17 patients who underwent spinal fixation and fusions were underwent revision spinal screws from 2015 to 2020. All patients were operated on by the different surgeon at a single Centre. Statistical analysis was done using the Pearson Chi-square method. Indications were urgent and elective for many other causes are disc, fracture (trauma), stenosis, degenerative, kyphoscoliosis, infection, tumor. The age of the patients at the time of operation was most of them are over 30 years old (12 cases (71%). presentation of patients was divided into categories: 1. Pain 2- postoperative neurapraxias 3. Neurological signs: as drop foot or CSF leak 4- no complain 5- other complain. Malposition was defined as any deviation from the desired position in the Centre of the pedicle on anteroposterior or lateral X-ray views.

Result: 418 cases done between 2015-2020- with spinal transpedicular screw implant used with about 2300 screw, 17 cases were re-operated for revision screw (4%), The most common indication for revision screw was Pain (47%), followed by Numbness and Radiological finding with about 23% for each, were neurological deficit represent about 6%. Trauma with spinal fracture was the most common pathological diagnosis seen 41%, followed by Disc prolapse and Kyphoscoliosis with 29% and 12% respectively. The incidence of revision screw generally about 1% of total screw count and 4% to total cases operated, the variation in incidence according to total number for pathological diagnosis and to the total number of screws used with Kyphoscoliosis, infection, degenerative and disc prolapse had incidence of 15.4%, 12.5%, 7% and 4.4% respectively.

according to revision cases to total pathological cases of the same group. in the other hand, the incidence according to number of revised screws to total screw of same pathological group, infection had the highest % of revision screw with 6%, followed by degenerative and Kyphoscoliosis in about 4.4% and 2% respectively. Lumbar vertebra had about 53% of revision screw.

Lateral placed screw was found in 70% of cases with revision screw. Male had dominant medial screw position 80%. Neurological deficit was the cause for revision and only seen in Kyphoscoliosis surgery with significant statistic value (P value 0.002) Disc prolapse and Degenerative disease only had Lumbar screw revision, were Kyphoscoliosis and infection had Thoracic screw revision, In Trauma cases 71% had Thoracic screw revision) (p value 0.036). Trauma and disc prolapse were dominant with single screw revision 54% and 38% respectively, more than one screw revision was found in Kyphoscoliosis, Infection and degenerative disease with equal percentage (33%) (p value 0.013). No of screw were with no relation to local revision. Lateral position was the common in all pathological condition. More than one screw revision only seen in elective cases. Thoracic was the common site in urgent cases 70%, in other hand lumbar is common site in elective cases 70%.

Conclusion: In conclusion, our study showed that the incidence and prevalence of revision screw, screw placement is at a higher risk of spinal cord injury rate of pedicle screw insertion. Furthermore, Complications of spine surgery may be difficult to diagnose and manage, and it is frequently difficult to identify the causes of persistent or recurrent symptoms on clinical grounds alone, using navigation techniques was superior to those obtained using conventional techniques. Radiography is the standard follow-up imaging method, and it provides a great deal of useful information.

Outcomes and Complications of Spinal Tumor Surgery in AL-Thawra General Hospital (2015 - 2021)

Dr . tareq zaid yahia almahbashi



ABSTRACT

Background: Treatment of spinal cord tumors is still controversial. Surgery is the most commonly used to treat spinal tumors. The aim of surgery is to remove as much of the tumor as possible without damaging the spinal cord or the nerves surrounding the tumor.

Objective: This retrospective study aimed to identify the outcomes of spinal cord tumors and assess the outcomes and the incidence of post-op complications, in 37 patients presented to our neurosurgical center at in Athawra Modern General Hospital from (Jan-2015 to April-2021).

Patients and Methods: Between 2015 and 2020, a retrospective study was conducted on 37 consecutive cases of TMGH. The patients were surgically treated and evaluated pre- and post-operatively by ASIA score scale. Appropriate statistical analysis was conducted. Questionnaire was used to collect the data from 37 files.

Results: 37 cases were included in this study, the mean age was 30.19 ± 18.1 (median 28 years), 23 males and 14 females. 22 patients were diagnosed within 6 months of neurological presentation and they mostly have motor symptoms, total excision was performed in 27 cases. The majority of the patients (20) had no post-op complication, whereas 7 cases had local infection and wound CSF leak. 21 cases had total or partial neurological improvement whereas 7 cases showed no signs of improvement during the 2 years follow up period. The findings of our study also revealed that 23 patients had no recurrence while discovered tumor recurrence in 5 patients. It was found in our study that there is a significant difference between gender in terms of 2 years follow up period as the p.value 0.018. Also there is a significant difference between age and 2 years follow up period as the p.value 0.007.

Conclusion: the treatment of spinal cord tumors aims to reduce the pressure on the spinal cord without damaging the spinal cord or the nerves surrounding the tumor, and therefore improving the symptoms. If treatment cannot completely resect a tumor the patient will binifit of debulking the tumor and removing the pressure on the spinal cord and prevent worsening the symptoms. Surgery is to remove as much of the tumor. In some cases it also reduces the risk of the tumor recurrence.

Keywords: Spinal Tumor Surgery,extradural, intradural, intramedullary Tumors, Athawra General Hospital, Yemen.

A Prospective Study of Compound Depressed Skull Fractures Overlying Dural Venous Sinuses and Its Surgical Outcome

Dr. Zuhair Faisal Saleh Abu Ghareb

ABSTRACT

Background: Depressed skull fracture overlying venous sinuses deserves special attention among skull fractures. It put high demand on every neurosurgeon, as the management of this kind of trauma carry high risk of mortality. It is considered as one of the most dangerous complications of head injuries.

Either it is due to fatal venous bleeding during the perioperative period, or disturbing the intracranial pressure via thrombosis or stenosis if treating these cases conservatively. Therefore, knowledge of appropriate treatment of this kind of head injury is essential. Moreover, it should always be treated with high cautions.

Objectives: To study the clinical profile and surgical outcome of patients with depressed skull bone fractures over dural venous sinus.

Materials and Methods:

Over a period of four years from February 2018 to January 2022, A prospective cohort case series study was conducted in forty-three patients presented with traumatic compound depressed skull fractures overlying major dural venous sinuses and managed surgically. Patients demographics, Mode of injury, clinical presentation, site and side of depressed skull fracture were noted. X-skull and CT scan brain was done in all cases to confirm the diagnosis and to see the underlying brain injury. MR venography was done in some cases to assess sinus patency.

Results: There were 41 males and 2 females. most affected ages were among School going children and teenage groups (55%). The common cause of depressed fracture was assault (51%) and road traffic accident (42%); the mean admission Glasgow Coma Score (GCS) was 13.3, half of the fractures were located in the frontal region. 79% of patients had the fracture overlying the superior sagittal sinus (SSS). Venous sinuous wall tear is found in twenty-three patients (53.5%). Common associated injuries were extradural hematoma (49%) followed by Brain contusion (27.9%).

massive blood loss from the injured sinus wall could be controlled by simple digital pressure using Gelfoam in 15 patients (35%), ligation in 5 patients (11%) and primary repair (sinuraphy) in 3 patients (7%). Common complications were wound infection (7%) and cerebrospinal fluid leak (4.7%). No mortality was recorded in our study. The mean length of hospital stay was five days, and the mean follow-up duration was 6.8 months. Thirty-one patients (72.1%) had a good recovery.

Conclusion: The refinement in the surgical nuances has now enabled us in managing depressed fractures overlying major dural venous sinuses with minimal risks of complications. depressed fractures over venous sinuses did not cause an injury on the wall of the sinus in a half of cases and blood loss from lacerated dural venous sinus could be stopped with simple digital pressure in most cases. However, presence of expert neurosurgeon is important in all cases to deal with low incidence of difficult bleeding cases.

Keywords: Depresses skull fracture, compound fracture, Venous sinus, Surgical management.

Post Neurosurgical Meningitis Among Vp Shunt And Evd Patients Operated In Althawra Hospital From Jun 2021 To Dec 2021

Dr. Mohammed Abdullah Al-Jarpani



Overview

Post-neurosurgical meningitis (PNM) is a severe disease, associated with high mortality rates, severe neurological sequelae, prolongation of hospital stay and costs

Objective

We aimed to review the epidemiology ,clinical presentation and labratories findings and follow management and outcome of PNM among patients post vp shunt and EVD operated in neurosurgical department of althawra hospital between . 1.jun 2021 to 31 Dec 2021

Study design, Retrospective descreptive study

Method and sample

Our community was all shunted and EVD patients operated through 2021 in althawra. hospital

Result

Incidence of post neurosurgical meningitis in 73 patients operated by 89 shunt and EVD in 19 Patients which was 26%, Significant Risk factors for infection were CSF leak, associated. infections, and other Pathological.

Epidemiology And Management Of Penetrating Upper Nerve Injury In War Of Yemen

Dr: Rasheed Aljabery



Abstract

Purpose:

The aim of our study is to know how can gunshot and shrapnel destruct nerve and associated vital organ and nature of injuries for determine intervention nature, graft or anastomosis or release adherence to beside tissues .Also aim to let stump fingers on about nature of nerve injuries and expectant for surgeon previously about what can to do and take his requirement and intervention before.

Methodology:

In this study files notes, post op, retrospectively, for 91 case reported with penetrating upper nerve injured collected and analysed from three sides first from incidence of nerve that included R, U, M and brachial plexus and excluded other upper nerve. The second analysed was type of injury that surgeon faced, and lastly operation technique used. Application used for analysed this study was SPSS.

Results:

The most nerve injured in this study was ulnar 42.9% followed by radial 37.4% and median and brachial plexus 13.2%-6.6% respectively. The most common injury was incomplete injury(axonotmesis) 58.2% followed complete injury(neurotmesis) 40.7%. The most technique used was neurolysis 60.4% followed by neurorrhaphy 33% and autograft 5.5%.

Conclusion

The PNI made conflict from study to other, it's results differed in the more and approximation not exactly, that's may be as a result of differed weapons used in war from state to other as a result differed injuries nerve state.

Surgical Outcome Of Thoracolumbar Fracture With Neurosurgical Deficits A Retrospective, Study

Dr. Maher Ameen Ahmed Abdo,



Background:

The epidemiological information of a prolonged populace on spinal trauma in Yemen is needed. The current study was once attacked to reflect the improvement after the operation and in follow-up according to ASIA score by paying attention to a number of variables

Materials and Methods:

152 patients with thoracolumbar spinal accidents admitted from January 2019 to November 2021 in the TMGH in the Neurosurgical department 102 patient underwent conservative treatment and 50 pt was operated according TLICS score were blanketed in the analysis. retrospective facts recuperation trial of these patients.

Epidemiology:

Epidemiological elements like age, sex, time from trauma to time of operation, and region of trauma, type of trauma, improvement after operation, improvement at follow-up. Average follow up was three months to six months (36- months). Neurological fame was once assessed the usage of the Asia grading

Results:

The male-to-female ratio was 3.17 : 1 . Age group A was 70 %, Time grading was grade1 56% grade2 24% grade 3 20% . lumbar was most presentation region. RTA less mechanical injury presentation grade(A) Asia score 30 % improvement 6.7 % to B and 6.7 to D in follow-up. presentation was grade(D) Asia score improvement post-operative 28% and in follow-up 20 %

Conclusion:

There are many factors that affect the patient's improvement after the operation, such as gender, age group, and the mechanism of injury. We also noted that time is very important and a strong factor to support the patient's improvement after the operation as well as of Asia grading.

Keywords: Thoracolumbar fracture, retrospective study, Epidemiology, outcome, ASIA grading.

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