

AANS/CNS Section on Pediatric Neurological Surgery

Editor: Thomas G. Luerssen, MD

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Dr. Raimondi Remembered

Chairman's Message



John P. Laurent, MD

It has been approximately a year and a half since I took office as President of the Pediatric Section of the AANS/CNS. Since then, a new president of the AANS has been appointed and he has changed many of the perimeters of the Board and the approach to the Sections within the AANS. Our relationship with the CNS has improved over the last year and a half, as has our relationship with

the American Academy of Pediatrics. Their support and enthusiasm for pediatric neurosurgery has been extremely rewarding.

In the future, I feel the new incoming President will have to face the possibility of choosing between the pediatric community versus the neurosurgical community to support pediatric neurosurgery. This will be a daunting task and I feel that such a direction has just begun during my tenure as President.

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Visit www.neurosurgery.org/pediatric/index.html for information on the Section's Annual Meeting.

29th Annual Meeting of the AANS/CNS Section on Pediatric Neurological Surgery

Wednesday, December 6, 2000

Nurses' Seminar

NOON–5 PM

Current treatment practices for pediatric brain tumors and in utero closures of myelomeningocele; current research trends in hydrocephalus and pain in children.

Thursday, December 7, 2000

Scientific Session I

8:05–9:45 AM

Perinatal Neurosurgery

Moderator: *H. E. James*

Panelists: *K.L. Jones, G. Leopold, A. Scioscia, L. Sutton, R. A. Zimmerman*

Scientific Session II

10:15 AM–NOON

Neurosurgery of Infancy and Childhood

Moderators: *D. G. McLone, W. J. Oakes*

10:15–10:45 AM

Intrauterine Myelomeningocele Repair: An Update

Noel B. Tulipan, Joseph P. Bruner

10:25–10:35 AM

Understanding Oligodendrocyte Loss Following Perinatal Ischemia

Shenandoah Robinson, Kasia Petelenz, Robert H. Miller

10:35–10:45 AM

Anterograde Trophic Support to the Developing Striatum: Role of Glutamatergic Afferents

Sandeep Mittal, Alonso-Vanegas, R. Aloyz, F.D. Miller, A.F. Sadikot

10:45–10:55 AM

Magnetic Resonance Study of Ventricular Dilatation and CSF Drainage in an Acute Reversible Hydrocephalic Guinea Pig Model

Shinya Yamada, Masayoshi Shibata, Miriam Scadeng, Stefan Bluml, Catherine Nguy, Brian D. Ross, J.G. McComb

10:55–11:05 AM

Magnetic Resonance (MR) Spectroscopic Changes in Pediatric Patients with Acute Hydrocephalus, Hydrocephalus and Cortical Atrophy

Miriam Scadeng, Rex A. Moats, Marvin D. Nelson Jr., Michael L. Levy, J. Gordon McComb

11:05–11:15 AM

Comparison of Subgaleal Shunts and Ventricular Reservoirs in the Initial Management of Post-Hemorrhagic Hydrocephalus in Premature Infants

Christopher A. Gegg, Dale M. Swift

11:15–11:25 AM

Ten Children with Coccidioidomycosis Meningitis: Clinical Presentation, Treatment, and Long Term Prognosis

Charles J. Wrobel, Kevin Taubman

11:25–11:35 AM

Does Cine MRI (CMRI) Help Predict Favorable Outcome or Symptoms in Children with Chiari I Malformations (CIM)?

Ann M. Ritter, William Frawley, Katie Dominguez, Nancy Rollins, Dale Swift, Derek Bruce

The Section's Annual Meeting is December 6–9 in Coronado (San Diego). For information or to register, call AANS at (847) 378-0500 or visit www.neurosurgery.org/pediatric/index.html.

For hotel reservations, call the Hotel del Coronado at (800) 468-3533.

11:35–11:45 AM

Outcome of Scoliosis After Chiari Decompression

Michael H. Handler, James M. Eule, Patti Batchelder, Mark A. Erickson, Michael O'Brien

11:45–11:55 AM

Cranio-cervical Instability in Patients with Mucopolysaccharidosis, Review of 30 Cases

Essam A. Al Shail, Abdulsattar Ghomraoui, Pinar Ozand

Scientific Session III

2:15–3:05 PM

Neurosurgery of Infancy and Childhood (continued)

Moderators: *R. P. Humphreys, L. Sutton*

2:15–2:25 PM

Predicting the Risk of Stroke in MoyaMoya Disease Using XenonCT

David J. McAuley, Ken Poskitt, Paul Steinbok

2:25–2:35 PM

Complex Reconstruction/Bypass Versus Trapping in Giant Intracranial Aneurysms in Children and Adolescents

Michael L. Levy, Larry Khoo, J. Gordon McComb

2:35–2:45 PM

Endovascular Management of Pediatric Lesions

Indro Chakrabarti, Arun P. Amar, Michael L. Levy, Don Larsen, J. Gordon McComb, George P. Teitelbaum

2:45–2:55 PM

Surgical Treatment of Spinal Arteriovenous Malformations in the Pediatric Population

Howard A. Riina, Nicholas Theodore, Jonathan Hott, Harold L. Rekate, Robert F. Spetzler

2:55–3:05 PM

Stereotactic Radiosurgery for Pediatric Intracranial Arteriovenous Malformations

Matthew D. Smyth, Elaine Park, Penny K. Sneed, Michael Lawton, Michael W. McDermott

Scientific Session IV

3:30–5 PM

Neoplasms

Moderators: *R. A. Sanford, J. H. Wisoff*

3:30–3:40 PM

Growth Rate of Vestibular Schwannomas in Neufibromatosis Type-2 early in Life

Sebastian Thomas, Cordula Matthies, Katja Kniese, Marcos Tatagiba, Madjid Samii

3:40–3:50 PM

Salvage Therapy after Relapse in Medulloblastoma

Stephen L. Hubn, Paul G. Fisher, Quynh Le, William Wara, Kathleen Lamborn, Rhonda Zachary, Tress L. Goodwin, Michael D. Prados

3:50-4 PM

Giant Cell Glioblastoma of Pediatric Population: A Study of Eighteen Cases

Indro Chakrabarti, Sooho Choi, Michael L. Levy, Floyd H. Gilles, J. Gordon McComb

4-4:10 PM

Pediatric Ependymoma (40 in 36 months)

Renetta J. Osterdock, Robert A. Sanford, Thomas E. Merchant

4:10-4:20 PM

Brainstem Gliomas: A 10-Year Institutional Review

Farmer Jean-Pierre, Luis Montes, Carol R. Freeman, Mason C. Bond, Kathleen Meagher-Villemure, Augustin M. O'Gorman

4:20-4:30 PM

Management of Thalamic Tumors in Children

George I. Jallo, Diana Freed, Fred Epstein

4:30-4:40 PM

Diabetes Insipidus and Serum Sodium in the Perioperative Period of Craniopharyngioma Resection

Cynthia M. Cupido, L. Dalle Muelle, M. Halperin, J. Blount, D. Bohn

4:40-4:50 PM

Pediatric Craniopharyngioma: Long Term Follow up Following Aggressive Surgical Resection

Jeffrey P. Blount, Flavio Puleri, Cynthia Cupido, Patricia Rowe, Tina Popov, H.J. Hoffman, R.P. Humphreys, J.T. Rutka, P.B. Dirks, J.M. Drake

Friday, December 8, 2000

Scientific Session V

8-9 AM

Craniosynostosis and Craniofacial Anomalies

Moderators: *D. A. Bruce, A.M. Flannery*

8-8:10 AM

Aprotinin: A Pharmacologic Therapy That Reduces Blood Loss In Craniofacial Surgery

Karin M. Muraszko, Steven R. Buchman, Hamish M. Munro, Laurie J. Stricker

8:10-8:20 AM

Multiple Revolution Spiral Osteotomy for Cranial Reconstruction; Surgical Technique and Early Results in Ten Patients.

Matthew N. Henry, Micam Tullous, Patricia Mancuso, Dennis Vollmer, Nitin Tandon

8:20-8:30 AM

Endoscopic Assisted versus Open Strip Craniectomy for Sagittal Craniosynostosis — A Retrospective Review

Donnie T. Tyler II, Andrew Parent

8:30-8:40 AM

Sagittal Craniosynostosis Outcome Assessment for Two Methods and Timings of Intervention

Paul C. Francel, Jayesh Panchal, J.L. Marsh, T.S. Park, B. Kaufman, T. Pilgram, S.H. Huang

8:40-8:50 AM

Cortical Dymorphology in Non-syndromic Craniosynostosis

Benjamin Lee, Mokhtar Gado, T.S. Park

8:50-9:00 AM

Developmental Delays in Children with Non-Syndromic Craniosynostosis and Deformational Plagiocephaly

Paul C. Francel, Hamid Amirshaybani, Robin Gurwitch, Vicki Cook, Jayesh Panchal, Barbara Neas, Norman Levine

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Scientific Session VI

9:10-10 AM

Hydrocephalus

Moderators: *P. Steinbok, J. G. McComb*

9:10-9:20 AM

Surveillance CT Scans in Routine Shunt Evaluation

Scott W. Elton, R. Shane Tubbs, Paul A. Grabb, W. Jerry Oakes

9:20-9:30 AM

The Application of Controlled, Iatrogenic Intracranial Hypertension in Slit Ventricle Syndrome Patients with Shunt Malfunction

William E. Butler, Saad Khan, Paul H. Chapman

9:30-9:40 AM

Infection Rates in the Treatment of Loculated Hydrocephalus with Endoscopic Fenestration

Renatta J. Osterdock, Stephanie L. Einhaus, Michael Muhlbauer, Frederick Boop, Robert A. Sanford

9:40-9:50 AM

Death Following Delayed Failure of Third Ventriculostomy: A report of 3 cases

Walter J. Hader, Jim Drake, Doug Cochrane, John Kestle, Owen Sparrow

9:50-10:00 AM

Long-term Control of Hydrocephalus Associated with Presumed Benign Gliomas of the Midbrain by Endoscopic Third Ventriculostomy

Curtis J. Rozzelle, Paul A. Grabb

Scientific Session VII

10:30-NOON

Topics and Advances in Pediatric Neurosurgery

Moderators: *S. Gaskill, P.H. Cogen*

10:30-1:40 AM

Novel Findings in the Development of the Normal and Tethered Filum Terminale

Ketan R. Bulsara, Thomas J. Cummings, Roger E. McLendon, Herbert E. Fuchs, Timothy M. George

10:40-10:50 AM

The Relationship of Malformation Anatomy to Deterioration Patterns in Patients with Transitional Lipomyelomeningocele

David D. Cochrane, Christian Finley, John Kestle, Paul Steinbok

10:50-11 AM

Split-Cord Malformations Associated with Distal Tethering in Children: Is Untethering Indicated?

David Hart, Hulda Magnadottir, Mark Krieger, J. Gordon McComb, Michael Levy

Continued on page 4

11–11:10 AM

The Tethered Cord Syndrome: Urodynamic Evidence of Improved Outcome with Early Untethering
Andrew S. Youkilis, Hong Jin Suh, Harry Koo, David A. Bloom, Karin Muraszko

11:10–11:20 AM

The Natural History of Tethered Cord in Patients with Myelomeningocele
Loi K. Phuong, Corey Raffel, Kimberly Schoeberl

11:20–11:30 AM

Reliability of Intraoperative Electrophysiological Monitoring in Selective Posterior Rhizotomy
Sandeep Mittal, Jean-Pierre Farmer, Chantal Poulin, Kenneth Silver

11:30–11:40 AM

Long Term Functional Outcome for Children Treated with Selective Dorsal Rhizotomy for Spasticity
Shabbar Danish, Susan Guzzardo, Linda Velasquez, I.R. Abbott

11:40–11:50 AM

Operative Complication Rate of Baclofen Pump Therapy in Pediatric Patients: Results of 48 Patients Followed at a Single Center.
Nathan C. Avery, Marion L. Walker

11:50–NOON

Subfascial Implantation of Intrathecal Baclofen Pumps in Children
Howard L. Weiner, Brian Harris Kopell, Debra A. Sala

Scientific Session VIII

3:30–5:10 PM

Trauma
Moderators: *P. B. Dirks, T. G. Luerssen*

3:30–3:40 PM

A Targeted Program of Parent Education at the Time of a Child's Birth can Significantly Reduce the Incidence of Shaken Baby Syndrome: The Western New York Experience
Mark S. Dias, Paula Mazur, Veetai Li

3:40–3:50 PM

Non-Accidental Pediatric Head Trauma: Diffusion Weighted MRI Findings
Daniel Y. Suh, Patricia Davis, Kara Hopkins, Nancy Fajman, Timothy Mapstone

3:50–4 PM

A Prospective Study of an Out-Patient Management Scheme for Children with Minor Head Injuries (GCS 13-15) and No Radiographically Visible Intracranial Injuries
Mark S. Dias, Kathleen A. Lillis, Carmen Calvo, Veetai Li

4–4:10 PM

Decompressive Craniectomy: the Second-Tier Therapy of Choice in the Treatment of Uncontrollable Post-traumatic Intracranial Hypertension in Children?
Waltraud Kleist-Welch Guerra, Michael R. Gaab, Wolfgang Wagner

4:10–4:20 PM

Neurologic Ski Injuries in Children: Morbidity Assessment and the Impact of Ski Helmet Use in a Study of Skiing Children
John B. Harris

4:20–4:30 PM

Variability in the Definition and Treatment of SCIWORA: A Survey of Pediatric Neurosurgeons
Mei Wong, Mark S. Dias, Veetai Li

4:30–4:40 PM

A Prospective Study of the Utility of MRI in the Diagnosis and Treatment of Transient Neurologic Deficits Following Spinal Cord Injury in Children
Susan R. Durham, Albert Telfeian, John Boockvar, Peter Sun

4:40–4:50 PM

MRI Clinical Correlation in Spinal Cord Injury Without Radiographic Abnormality in Children.
Amos O. Dare, Veetai Li, Mark S. Dias

4:50–5 PM

Avulsion Transverse Ligament Injuries in Children: Successful Treatment with Non-Operative Management
Patrick Lo, Peter Dirks, James Drake, Douglas Hedden

5–5:10 PM

Does Congenital Cervical Spinal Stenosis Contribute to Sports-Related Transient Neurologic Deficits in Children?
Susan R. Durham, John Boockvar, Peter Sun

Scientific Session IX

5:15–5:55 PM

New Millennium: New Ideas
Moderators: *H. L. Rekate, J. P. Laurent, H. E. James*

5:15–5:25 PM

Analysis of Intra-Cranial Pressure During Invasive Monitoring of Children with Medically Intractable Seizures
Karsten Fryburg, Yong Park, Jack Yu, John Vender, Mark Lee

5:25–5:35 PM

Hemispherectomy in Older Children with Rasmussen's Disease
Alan T. Villavicencio, Michael Haglund, Daryl Lewis, Rodney Radtke, Richard Morse, Ketan Bulsara, Timothy M. George

5:35–5:45 PM

The Use of Intraoperative MRI for the Treatment of Pediatric Tumors
Todd W. Vitaz, Thomas Moriarty, Stephen Hushek, Christopher B. Shields

5:45–5:55 PM

The Integration of Real-time Functional MRI in Pediatric Brain Tumor Resection
John C Wellons, III, J.C. Leveque, Matt McGirt, Jeffrey Petrella, James Voyvodic, Timothy George

Saturday, December 9, 2000

8 AM–1 PM

Practice Management and CPT Coding and Billing for Pediatric Neurosurgery
Faculty: *John Piper*

4:30–7:30 PM

"My Shunting is Better than Yours"
Moderators: *D. A. Bruce, H. E. James, R. Humphreys*
Panelists: *R. Abbott, J. Laurent, T. G. Luerssen, D. McLone, H. L. Rekate, R. A. Sanford, M. L. Walker, J. H. Wisoff*



Executive Meeting Minutes Highlights (April 2000)

AANS/CNS Section on Pediatric Neurological Surgery April 11, 2000 • San Francisco, Calif.

Attendance

John P. Laurent, MD, Chairman; Rick Abbott, MD, Secretary – Treasurer; Thomas G. Luerssen, MD; R. Michael Scott, MD; C. Scott McLanahan, MD; Sarah J. Gaskill, MD; Robin P. Humphreys, MD; Frederick A. Boop, III, MD; Ann Marie Flannery, MD; Bruce A. Kaufman, MD; Jeffrey J. Wisoff, MD; Joseph H. Piatt, MD; Philip H. Cogen, MD; Douglas L. Brockmeyer, MD; Timothy Mapstone, MD (non-voting); Jackie Lloyd (Director Marketing, AANS, non-voting).

Call to Order

John P. Laurent, MD, Chairman of the Joint Section on Pediatric Neurosurgery, called the meeting to order at 1 p.m.

Approval of Minutes

The minutes of the previous Executive Committee Meeting, December 1, 1999, had been distributed previously. These were reviewed by the Executive Committee members. There were no corrections. The minutes of the previous meeting were accepted as written.

Secretary-Treasurer's Report

Thomas G. Luerssen, MD, past Secretary-Treasurer, reported that assets to the Section have increased by \$44,000 over the past calendar year. The Section is functioning within projected budgets. No changes in the dues structure were suggested.

Standing Committees Reports

Membership Committee

Chairperson Ann-Christine Duhaime, MD, proposed the following physicians for active membership in the Section: Darryl Warder, MD, Mark Iantosca, MD, Peter Sun, MD, and Nalin Gupta, MD. These applicants will be forwarded for consideration at the executive and business meetings of the Section in San Diego in December 2000.

Rules and Regulations Committee

Short Cuts published the report of the Ad Hoc Committee, chaired by Alan R. Cohen, MD, on changes in the bylaws necessary to simplify the membership process and status in the Joint Section. Scott McLanahan, MD, noted that there were some typographical errors in the published proposed changes and that it was unclear as to what Board is being referred to in Section 1, paragraph 1. These will be referred back to Dr. Cohen for clarification and correction. John Laurent, MD, reported that there has been no negative correspondence to these proposed changes. These changes will be presented at the business meeting in San Diego for vote by the membership of the Section.

Program and CME Committee

Chairman Frederick A. Boop, III, MD, reported on the plans for the upcoming Pediatric Section sessions at the Congress of Neurological Surgeons meeting in San Antonio. Dr. Laurent accepted the invitation to present "Pediatric Brachial Plexus Injuries." Unfortunately, A. Leland Albright, MD, will be unable to present "Move-

ment Disorders." Dr. Boop suggested another speaker(s) for this topic. It was moved and seconded that a \$1,000 honorarium in addition to travel and lodging expenses be given to the speaker. The Executive Committee passed the motion.

Concern was raised about the proposed satellite course on coding to be offered the morning of Saturday, Dec. 9 to be followed by an afternoon scientific session. Dr. Laurent will send Hector E. James, MD, the Annual Meeting Chair, a letter stating the board's desire that Saturday morning contain a scientific session and that the proposed satellite course be held either Wednesday or Saturday afternoon.

Ad Hoc Committee and Liaison Reports

Traveling Fellowship

R. Michael Scott, MD, described the International Resident Traveling Fellowship in pediatric neurosurgery. This will be a \$5,000 award to neurosurgeons in training programs outside of Canada and the United States who wish to travel to North America to broaden their exposure to pediatric neurosurgery.

The Distinguished Service Award

Robin P. Humphreys, MD, presented letters of support for naming John Shillito, MD, and Dr. Shut as recipients of the award. It was decided to give Dr. Shillito the award.

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Mark S. Dias, MD, reported that information on Dandy Walker Malformation and Chiari Malformations has been added to the Pediatric Section of **N://OC**. He also reported that the committee is developing a database of neuroimages and surgical images to establish a library of "classical images" in pediatric neurosurgery. His suggestion that the chairmanship of the NOC Committee be passed on to Paul Grabb, MD, was approved.

Publications

Dr. John Laurent reported that he has received correspondence for *Neurosurgery Focus* requesting topics and guidelines for subjects dealing with pediatric neurosurgery be submitted for on-line publication. The board expressed concern about issuing guideline papers but felt papers dealing with pediatric neurosurgery would be appropriate. Sarah Gaskill, MD, will work with Dr. Laurent in searching for topics and authors to meet this request.

American Academy of Pediatrics

Joseph H. Piatt, MD, reported that there are now 42 neurosurgeons who have received fellowships from the American Academy of Pediatrics (AAP). He reported that the Neurosurgical Section of the AAP has been granted an additional year of provisional status.

Joint Council of State Neurosurgical Societies

C. Scott McLanahan, MD, requested he be replaced by Michael Heffner, MD. This was approved.

Quality Assurance Committee

Paul A. Grabb, MD, will replace Dr. Gaskill as chairman of this committee.

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Outcomes Committee

Bruce A. Kaufman, MD, updated the Executive Committee on a proposal for a shunt outcome study. The AANS' Outcome Committee was approached by a medical device company that proposes to donate \$50,000 to fund development of an outcome study tool that would reside at **N//DC**. Participation would be voluntary and blinded to outside observers. Participants, after inputting their outcome data, would be able to retrieve a report analyzing their outcome and comparing it to a summary of all outcomes reported to the database. The findings of the board could be appealed to the Outcome Committee, whose findings would be final.

Dr. Kaufman reported that there is no question as to the Outcome Committee's intention to proceed with establishing these tools. He requested that the Executive Committee give serious consideration to sanction and sponsor these in order to maintain control over the content of the surveys and thus insure the accuracy of the conclusions. Further, it would give the Executive Committee the opportunity of ruling on whether the data collected is representative and if it should be released for scientific analysis and presentation. If the offer from the medical device company is accepted, there will be no financial costs to the Section for this service.

The committee raised concern about outside funding for this service and the fact that the accuracy of the database will be dependent on the numbers of users. The current outcome measures which are present on **N//DC** are not heavily utilized and serve little more than outcome analysis tools for individual practices. The committee requested that Dr. Kaufman draft a letter outlining how this service will operate and how it could be funded. This letter will then be published in *Short Cuts* and considered at an upcoming Business Meeting.

New Business

Representatives from Pediatric Section

Dr. Laurent reported that he had received a letter from Stewart Dunsker, MD, AANS President, requesting that the Section designate

three candidates from whom a representative at large would be selected to sit on the AANS Board of Directors. After discussion it was moved and approved that the names of the immediate past three presidents of the section (Hal ReKate, MD; Jack Walker, MD; and Michael Scott, MD) be forwarded to Dr. Dunsker.

The Matson Lecturer 2000

Dr. Laurent reported that Donald Reigel, MD, is ill and will not be able to attend this meeting to deliver this address or receive the award. It was decided that a \$1,000 donation be given to the Woodlands Foundation in Dr. Reigel's name.

Donation to Washington Committee

Dr. Laurent brought forth a request from the Washington Committee for a donation in order to support the committee. It was decided to provide \$10,000 to the Washington Committee for their activities.

Donation to Think First

David Adelson, MD, reported that Think First had recently undergone restructuring in order to address outside concerns over budgetary expenditures. He stated that 75 percent of funds raised were being directed toward a \$3 million endowment. The interest earnings from this fund would be used to defray administrative costs for the organization. The fund currently has \$625,000. After funding of the endowment is completed, all funds raised will be used for programs funded by Think First. The remaining 25 percent of funds currently being raised are for redevelopment of Think First programs with 70 percent of these funds (17 to 18 percent of all funds raised) being used for administrative costs.

The Board remained concerned about a lack of access to Think First's business plan and its budget. It was decided to send a letter to Think First rejecting the request of funds and asking to see a formal business plan and budget.

Executive Meeting Minutes Highlights (September 2000)

AANS/CNS Section on Pediatric Neurological Surgery September 26, 2000 • San Antonio, Texas

Attendance

John P. Laurent, MD, Chairman; Rick Abbott, MD, Secretary – Treasurer; Sarah J. Gaskill, MD; Philip H. Cogen, MD; Douglas L. Brockmeyer, MD; Frederick A. Boop, III, MD (non-voting); Thomas G. Luerssen, MD (non-voting); Barbara Morrison (representative for Kathleen Craig, AANS, non-voting).

Call to Order

John P. Laurent, MD, Chairman of the Joint Section on Pediatric Neurosurgery, called the meeting to order at 12:15 p.m.

Secretary-Treasurer's Report

Projections show that this year's winter meeting will run at more than a \$19,000 loss. The Executive Board is concerned about the increase in administrative costs. Discussions are currently under way

at the AANS to determine how to be more cost efficient. The possibility of exploring other avenues such as outside agencies to run our annual winter meeting was mentioned.

Ad Hoc Committee and Liaison Reports

Publications

Sarah J. Gaskill, MD, reported that the Chiari malformation and tethered spinal cord booklets are complete. She has experienced some difficulty in determining how to electronically post these publications on **NEUROSURGERY://ON-CALL®**. Dr. John Laurent suggested that she work with Doug Brockmeyer, MD, to accomplish this. The Board also voiced the desire that these publications be made available to the public at large via the Internet and that the names of authors not be affixed to the document. Instead, the Section would assume responsibility for the publication's content.

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American Academy of Pediatrics

Marion Walker, MD, reported that the relationship between the American Academy of Pediatrics (AAP) and organized pediatric neurosurgery continues to blossom. He related that recently the executive for AAP released a statement strongly supporting children being treated by pediatric surgical subspecialists.

New Business

AANS Bulletin

Thomas Luerssen, MD, attended a meeting called by the editors of the *Bulletin* on Sept. 25 in San Antonio at the CNS annual meeting. There has been a change in personnel responsible for the publication of the *Bulletin*. The *Bulletin* editors plan to poll the readership to determine what kind of stories they want to see. An additional concern expressed was the need for the *Bulletin* to be revenue neutral.

Dr. Luerssen said that the Section is increasingly being asked to provide content for electronic and paper publications directed toward the neurosurgical, general medical and lay public. As the immediate past Secretary/Treasurer, he said that the requests were rapidly becoming overwhelming. While most of the requests were about issues important to our specialty, the volume was daunting. He proposed that the Publication Committee be enlarged and that the Secretary/Treasurer be an integral member of this committee.

Separation of the Secretary/Treasurer Position

Hector James, MD, recommended separating the Secretary/Treasurer position into two separate posts. The Board felt this should be

seriously considered, given the anticipated increase in duties of the Secretary as to publications and the increased importance of finances (members have expressed the desire to decrease registration fees for our meetings while maintaining our financial health). This issue will be presented to the membership for consideration.

Old Business

Think First

David Adelson, MD, reported that Think First has decreased administrative costs to less than 20 percent of total collections. The projections for the upcoming year are even brighter. He pointed out that only 19 states currently have central offices to coordinate statewide activities and that only 24 states have programs in place. The Board agreed that he should provide us with a summary statement on the improved finances of the organization as well as a status report on how a Section member can establish a program in his community. This would then be released to our membership via *Short Cuts*.

Pediatric Section Representative to AANS

Dr. Laurent reported that Stewart Dunsker, MD, AANS President, selected Marion Walker, MD, to be our representative to sit on the Executive Council. Three names had been given to Dr. Dunsker from the Section. Dr. Laurent subsequently received a communication from Dr. Dunsker informing him that he no longer needed to participate in the Board of Directors' meetings. The Board agreed that if the Pediatric Section was to have only a single representative that its representative should be its Chairman.

Section News

International Traveling Fellowship Offered

The Pediatric Section has established an international traveling fellowship for neurosurgical residents who are in training in programs outside the United States and Canada. The fellowship is intended to cover the traveling and living expenses for up to a three-month period for residents observing the activities of an established pediatric neurosurgical service in the United States or Canada.

The fellowship is for any activity that broadens a resident's exposure to pediatric neurosurgery. It can include observation at a clinical or research center or any other relevant activity.

One fellowship per year will be awarded. The maximum fellowship stipend is \$5,000.

The application should include: 1) the purpose of the proposed fellowship and estimated expenses, 2) a letter of recommendation from the applicant's current neurosurgical program director, 3) a letter of acceptance from the institution where the applicant will seek the fellowship confirming the description of the fellow's activities during the period of the award, and 4) a current curriculum vitae of the applicant.

The completed application should be sent to R. Michael Scott, MD, Department of Neurosurgery, The Children's Hospital, 300 Longwood Avenue, Bader 319, Boston, Massachusetts 02115. Or it can be e-mailed to scottr@a1.tch.harvard.edu.

The annual deadline for application submission is Nov. 15.

Resident Traveling Fellowship Available

The Pediatric Section has established a traveling fellowship for residents in neurosurgical training. The fellowship is intended to cover the traveling and living expenses for up to one month for residents who wish to pursue additional experience in pediatric neurosurgery during their residency years.

The one-month fellowship can be spent in any activity that broadens a resident's exposure to pediatric neurosurgery.

Two fellowships per year will be awarded on the basis of an evaluation by a Section committee. The maximum fellowship stipend is \$2,500.

The completed application should be sent to R. Michael Scott, MD, Department of Neurosurgery, The Children's Hospital, 300 Longwood Avenue, Bader 319, Boston, Massachusetts 02115. Or it can be e-mailed to scottr@a1.tch.harvard.edu.

The annual deadline for application submission is Oct. 15th

John Shillito, MD, Receives Award

The Executive Committee of the Pediatric Section unanimously approved the nomination of John Shillito, MD, for the Distinguished Service Award. The award will given in the spring at the AANS Annual Meeting in Toronto.

News from the Hydrocephalus Association

Four hundred fifty people gathered May 27-29 in Scottsdale, Ariz., to attend the 6th National Conference on Hydrocephalus for Families and Professionals, sponsored by the Hydrocephalus Association.

Presentations ranged from the technical (“CSF Physiology As It Applies to Shunts”) to the practical (“Comprehensive Pediatric Care for the Child with Hydrocephalus”) to the supportive (“For the New Parent: Everything You Need to Know but Forgot to Ask”). Also presented were interactive sessions for teens, young adults, adults with NPH, parents, spouses and siblings.

One of the most striking and validating aspects of this year’s conference was the large number of people with hydrocephalus in attendance—close to 100. And while many of these were cute babies and energetic children, the majority were young adults and adults, representing the first generation shunted for hydrocephalus in infancy to live into adulthood. We believe their presence marks a milestone for our community as well as a challenge. We have cared for and supported them, and now many of them have been set adrift to deal with unforeseen medical problems. Too few knowledgeable medical professionals are available to care for them.

Many of the conference faculty commented on this sad state of affairs. The session on “Transition from Pediatric to Adult-entered Care: Help! Where’s My Health-Care Team Now?” overflowed with people with hydrocephalus, their parents and spouses, all searching for help.

The issue appears to be twofold. First, it is a challenge to find knowledgeable medical professionals with experience and an interest in providing care. As Fred Epstein, MD, stated almost 20 years ago, “The insertion of a shunt is often regarded as technically uninteresting. ... [However] it must be emphasized that any neurosurgeon that accepts the responsibility of caring for a hydrocephalic infant is making a long-term commitment to the well-being of the child that in all likelihood will continue throughout the professional career of the neurosurgeon.”

While we definitely agree with Dr. Epstein’s statements, the reality of today’s systems of managed care, coupled with the mobility of our society, leaves the majority of shunted adults outside

the caring, compassionate and responsive delivery system created by the pediatric neurosurgery community.

Secondly, a large number of adults with hydrocephalus experience shunt failure with little or no change in ventricular volume. According to Hal ReKate, MD, “Pediatric neurosurgeons understand the concept of ‘normal volume hydrocephalus’ or shunt pseudotumor as a real problem and do not exclusively rely on scans to diagnose shunt failure.” To the neurosurgeon with little knowledge of and experience with hydrocephalus, however, the CT or MRI scan is the barometer—no change in ventricular size means the shunt must be working fine. To quote again from Dr. Epstein in *Clinical Neurosurgery*, “long-term satisfactory shunt function is no longer the ‘impossible dream.’ It requires an in-depth understanding of hydrocephalus, intracranial pressure dynamics, shunt hardware, early and late complications and appropriate treatment.”

We call upon the pediatric neurosurgery community to discuss these critical issues in the coming months. We know that all of you have not dedicated yourselves to the care of children only to see them transitioned off into a wasteland of inadequate medical care once they reach adulthood.

“We in the medical profession have not dealt very well with the transition from pediatric to adult care,” states Gordon McComb MD. The hydrocephalus community that we have created together—patients, families and health care professionals—must rise to meet this new challenge. Together we must address the issues facing this first generation of shunted children to reach adulthood so that their future continues to be bright with possibilities and potential, not burdened with unfilled promises.

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Award to be Given

The Hydrocephalus Association Award will be presented at the 29th Annual Meeting of the AANS/CNS Section on Pediatric Neurological Surgery.

The award is given to the best paper presented at the meeting by a resident-in-training on hydrocephalus. The Hydrocephalus Association sponsors the award.

The 1999 recipient was Kimberly D. Bingaman, MD, and the 1998 recipient was Dan Lieberman, MD.

For information, call Thomas G. Luerssen, MD, (317) 274-8852, or e-mail him at tluersse@iupui.edu.

Section Has Nine Candidates

Nine candidate members for the Pediatric Section will be voted on at the Section’s Annual Meeting in December. They are: Darryl Warder, MD, Galveston, Texas; Mark Iantosca, MD, Hartford, Conn.; Peter Sun, MD, Oakland, Calif.; Dale Swift, MD, Dallas, Texas; Nalin Gupta, MD, Chicago, Ill.; Michon Morita, MD, Honolulu, Hawaii; Lorenzo Munoz, MD, Chicago, Ill.; George Jallo, MD, New York, N.Y.; and Jeffrey Campbell, MD, Pittsford, N.Y.

Think First to Expand Outreach

By P. David Adelson, MD, FACS, FAAP

The Think First Foundation celebrated its 10th anniversary in the year 2000. The foundation is neurosurgery's community service arm for providing brain and spinal cord injury prevention education nationwide.

The history and growth of the foundation are well known by many since it was initiated by two neurosurgeons. After tiring of treating children with spinal cord injuries, they rightly believed that the best treatment for these children was prevention. Their program, once fully developed, was eventually supported and formally endorsed by the two major neurosurgical organizations, the AANS and the CNS in 1986.

The Think First Foundation was then founded in 1990 to facilitate the further development of injury prevention programming. The number of children reached by the foundation over the past decade has steadily increased. Almost one million children participated in a Think First program last year. More than 8.5 million children have participated altogether.

Think First offers Think First for Teens (TFFT) and the Think First for Kids (TFFK) programs. TFFT is an assembly-based program with one individual providing background information on anatomy, mechanisms of injury and issues of prevention. Also, a person with a brain or spinal cord injury teaches the children the "facts of life" following an injury.

TFFK is a curriculum-based program for children in grades one through three that is taught in the schools by the teachers. The six-week module presents information on brain and spinal cord anatomy and injury prevention tips. Children are encouraged to adopt injury prevention behavior. Bicycle safety, gun violence and other aspects of injury and injury prevention are covered in an age appropriate manner.

Think First programs are carried in 43 states through 19 state chapters. International chapters exist or are being formed in Canada, Mexico, South America, and Europe. The goal is to expand to all 50 states and to countries around the world. To do this, we will need to recruit more volunteers and program directors who are willing to sponsor and develop programs in their communities.

To date, the foundation has been supported through the generosity of private donors, including many neurosurgeons, and corporate and governmental sponsorship. In the past, in its exuberance to expand and reach the maximum number of children, the foundation grew so quickly that the percentage of donated dollars that actually went to programming declined. The foundation has reined in its expenses from a high of 65 percent to less than 30 percent for this fiscal year. Note that established organizations such as the United Way are doing well if their fundraising percentage is below 25 percent.

The amount of donated dollars used to raise funds this fiscal year was 19 percent with only 10 percent of donated dollars going

toward administration. Clearly the Foundation has turned around its previous difficulties and can now proudly announce that 71 percent of donated dollars go directly to children's injury prevention programming. With expenses under control, Think First can look forward to a very positive and productive second decade reaching out to more and more children.

Think First plans to have three million children a year participate in its programs by 2003 and five million a year by 2005. Part of this expansion will come through developing programs for those older children who presently do not benefit from either the TFFT or the TFFK programs. Think First is presently in the early stages of developing programs for grades

four to seven. This will likely cost more than \$1 million.

Current programs need to be updated and expanded. To achieve all of these initiatives, the foundation plans to significantly increase its endowment. The \$3 million goal in the next three years will raise funds for future administrative and fund-raising costs. All other monies raised after that will go directly for further curriculum development and new educational materials.

The next few years will be an exciting time for the foundation as it expands its educational initiatives. We look forward to the continued support of neurosurgery and neurosurgeons alike.

If you are interested in developing a chapter in your community or otherwise assisting the foundation, call William Biebuyck, CEO, or Deb Johnson at the Think First Foundation office at (800) THINK 56.

The next few years will be an exciting time for the foundation as it expands its educational initiatives.

AAP Relationship Flourishes

Pediatric neurosurgery is entering its last year as a "provisional" section of the American Academy of Pediatrics (AAP). In October 2001 pediatric neurosurgery should be able to become a fully functional section with all of the associated benefits. The Academy has been very supportive of pediatric neurosurgery and continues to be an ally. The Academy recently completed a document on referring surgical patients to pediatric surgical subspecialists. The Academy fully supports pediatric neurosurgical subspecialty training and care.

The AAP Annual meeting in 2001 is in October in San Francisco. All AAP Neurosurgical Section members are encouraged to attend to show support for becoming a formally recognized section. This meeting is only for one day and will be in association with the ASPN. Attendance at the October AAP meeting will count as attendance at an ASPN meeting.

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Dr. Raimondi Remembered as a Great Teacher

Anthony J. Raimondi, MD, lost his long battle with lymphoma on June 16. There are few in pediatric neurosurgery who were not touched by his energy and devotion to our field. David McLone, MD, delivered the following eulogy for Dr. Raimondi July 28 at Children's Memorial Hospital in Chicago:

Most of you know of Dr. Raimondi's contribution to Children's Memorial Hospital and Northwestern University. Some may not know that he was unique in that he was Professor of Surgery, Professor of Radiology and Professor of Anatomy. He also was given a chair in neurosurgery while chairman at Northwestern.

I arrived from the University of Michigan in 1965. I already knew that I wanted to be a neurosurgeon. I did not realize that I was soon to meet a man that would determine what kind of neurosurgeon I wanted to be.

My first impression of Dr. Raimondi was a man too young to be a chairman—and great hair. I think I most remember the great hair. Tailored Pucci suits, monogrammed shirts and a white coat always left open so that it flowed with his rapid gait. A gait that exuded confidence bordering on cockiness. Usually some resident or secretary was at his side struggling to keep up. On one of these jaunts I accompanied him to the parking lot where I saw my first Alpha Romeo, an Italian sport car, naturally. Years later I would acquire my own Alpha Romeo.

This was to be the hardest that I would work in my life and at the same time the most exciting part of my medical education. This man made rounds an event. We worked every other night all night and then sat in a dark room each afternoon for two hours to go over the day's angiograms. We were convinced that he had eyes in the back of his head. If your head nodded he called on you. He taught us anatomy, to think, plan and execute.

During his time at Cook County Hospital he established a residency training program, the first accredited in 10 years. He was awarded a National Institutes of Health grant to study hydrocephalus in genetic mutant mice and established a research laboratory.

But it always came back to children. He knew that they were special and their neurosurgical needs were not understood or met. He would identify pediatric neurosurgery as a specialty, introduce angiography as a diagnostic tool in children, define the vascular changes characteristic of hydrocephalus in the infant, and popularize a safe and effective means to treat it.

His arrival at Children's Memorial propelled this institution into international prominence. Dr. Raimondi established a pediatric neurosurgical service that we, the staff and children, continue to benefit from today.

Words like flamboyant, charismatic, and others have been used to describe this man. I prefer teacher.