

Pediatric **SHORT CUTS**



AANS/CNS Section on Pediatric Neurological Surgery

Editor: Jeffrey H. Wisoff, MD

Fall 2004

From the Chair

What Happens When Our Patients Grow Up?

Taking on a Tough Topic: Transitional Care

Andrew Parent, MD

In the past, pediatric neurosurgeons were fundamentally self-taught. They designated themselves as a loose confederation of mutually supportive surgeons who focused their practice in pediatrics as they developed the techniques and methods necessary to their evolving subspecialty.



Technical advances and improved equipment have allowed pediatric neurosurgeons to successfully manage many congenital problems experienced by our patients. Children with hydrocephalus constitute one of our largest patient subpopulations. A second subpopulation includes patients who suffer various congenital malformations such as tethered cord, spasticity, and spina bifida.

Having survived childhood against many odds under the care of their pediatric neurosurgeons, these patients mature into adulthood. Unfortunately, when pediatric neurosurgeons try to transfer their now adult patients to others for age-appropriate care, they sometimes encounter neurosurgeons who are unwilling, unable, or simply lacking the knowledge base to manage these patients. This problem is not unique to pediatric neurosurgery; pediatric physicians who have sought to transition the care of patients suffering cystic fibrosis, congenital heart diseases, and juvenile endocrine abnormalities have been stymied by this same dilemma.

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How do we solve the problem of transitional care for these patients?

In many instances, our patients lack insurance coverage or are covered inadequately and lack financial resources. This situation is an impediment to transferring their long-term care to other neurosurgeons. Furthermore, the subset of U.S. neurosurgeons who have essentially abandoned their commitment to being "brain surgeons" is growing as they embrace the more financially lucrative practice of spinal surgery, which equates with spinal stabilization procedures.

The problem I present here has two aspects: first, commitment; and second, professionalism and medical ethics.

The first aspect concerns the pediatric neurosurgeon who seeks to transfer a patient with a chronic condition to another neurosurgeon for age-appropriate care. Some pediatric neurosurgeons postpone the "transition dilemma," at least until retirement from medical practice, by continuing to care for patients into their adulthood. However, pediatric neurosurgeons who work for children's hospitals must restrict their practice to children, and they find that their transitioned adult patients receive either no care or suboptimal care that might skimp on the quality of follow up necessary for chronic congenital disorders.

The second aspect of this problem involves the responsibility and commitment of the neurosurgical workforce to its profession and medical ethics. The question of the degree to which a neurosurgeon can restrict his or her practice has challenged our subspecialty for decades. Obviously, any neurosurgeon must provide at least emergency care for congenital problems upon presentation. The complex chronic congenital problems of our patients when they reach adulthood will require the care and follow up by a group of physicians who can manage their congenital problems as well as the "more normal" problems of the larger U.S. population as it ages.

First, all neurosurgeons must address the issue.

The American Academy of Pediatrics already has begun to study how restricting practice impacts transitional care, and one of the abstracts scheduled for presentation at the Pediatric Section's annual meeting in San Francisco will address transitional care.

I believe that *all* neurosurgeons must eventually acknowledge the impediments to appropriate transitional care for our patients before we can resolve the problem for the greater good.

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Fred Epstein Honored With Lifetime Achievement Award

The AANS/CNS Section on Pediatric Neurological Surgery is honoring Fred J. Epstein, MD, with the Lifetime Achievement Award. Rick Boop presents the award Dec. 9 during the section's [2004 Annual Meeting in San Francisco](#).



Dr. Epstein was born in Yonkers, N.Y. The middle son of an intellectually gifted family, his struggles with learning issues challenged both him and his parents. It may be this one factor more than any other that formed his character: his drive, his work ethic, his enthusiasm for challenges and his empathy for children. Upon receiving his bachelor's degree from New York University in 1959 and his medical degree from New York Medical College in 1963, Dr. Epstein performed his surgical internship and surgical residency at Montefiore Medical Center in New York City. In 1970 he completed his neurosurgical residency at New York University Medical Center while serving in the U.S. Army Reserve. Subsequently, Dr. Epstein was appointed to the NYU Medical Center as an assistant professor of neurosurgery. In 1983, he was named professor of neurosurgery, and two years later he was appointed as the first director of the division of pediatric neurosurgery.

Dr. Epstein undertook and solved many of the previously deemed insurmountable problems relating to the neurosurgical treatment of spinal cord tumors. His extensive documentation of new techniques and neurosurgical methodology helped advance the treatment of both spinal cord and brain stem tumors.

During his career, Dr. Epstein has served as president of the International Society of Pediatric Neurosurgery, the American Society of

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Pediatric Neurosurgery, and the AANS/CNS Section on Pediatric Neurological Surgery. He additionally served as editor in chief of the Journal of Pediatric Neurosurgery. He received fellowships from the American College of Surgeons, the New York Academy of Medicine and the American Academy of Pediatrics. He has published more than 175 papers and has trained pediatric neurosurgeons practicing in the United States, Canada, Europe, the Middle East and Asia.

Following a personal imperative to provide patients with both comfort and state-of-the-art technology, Dr. Epstein was intimately involved in the creation of the Institute of Neurology and Neurosurgery at Beth Israel Medical Center in New York City. It was there that he was able to fulfill his dream of a technologically advanced facility where the special needs of his young patients and their families dealing with the most serious illnesses could be treated in a truly caring and unique environment. Dr. Epstein's philosophy about caring for children is chronicled in his recent book, *If I Get to Five: What Children Can Teach Us About Courage*.

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Remembering Jack Laurent

Doctor's Booming Laugh, Ardent Advocacy for Children Will Be Missed

[Thomas Luerssen, MD](#), and [Jeffrey Wisoff, MD](#)

Jack P. Laurent, MD, former Pediatric Section chair from 1999 to 2000, died suddenly and unexpectedly Nov. 1 at his home. He was 58 years old.

Jack was a great friend to many of us in pediatric neurosurgery and an ardent advocate for children. He was an internationally known pediatric neurosurgeon. After finishing his neurosurgical training at the University of Pennsylvania in 1981, Jack began what turned out to be a long and distinguished career in pediatric neurosurgery at Baylor University and Texas Children's Hospital. For the last 11 years, he was professor of neurological surgery at Baylor and chief of the pediatric neurosurgical service at Texas Children's, a position he assumed upon the retirement of his mentor, William Cheek, MD.



Jack P. Laurent, MD
1946-2004

His numerous contributions to our field will long be remembered. Jack was one of the first neurosurgeons to become involved in the Pediatric Oncology Group, setting a standard for neurosurgical participation in cooperative group brain tumor trials. Over the past decade he established the premier center for the treatment of neonatal brachial plexus injuries.

Jack cared deeply about pediatric neurosurgery and the societies that represent it. He was an officer of the Pediatric Section for more than a decade and served as program chair for the American Society of Pediatric Neurosurgeons for several years.

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Jack was a champion tennis player and a great outdoorsman, as well as a master craftsman. Many of us will always remember his broad smile and his trademark booming laughter.

The Pediatric Section extends the heartfelt sympathy of the membership to his wife, Patricia, and his children Cushman and Nicole. It was an honor to know Jack, and he will be missed.

Memorial contributions in Jack's name can be made to Texas Children's Hospital, benefiting the Brachial Plexus Clinic or the Resident's Teaching Fund, 6621 Fannin St., Houston, Texas, 77030.

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Hydrocephalus Association: 20 Years

Looking Back With Pride and Ahead With Commitment

In 2004 the Hydrocephalus Association celebrates its 20th anniversary. We take this opportunity to thank the pediatric neurosurgery community for your support in partnering with us to build the nation's largest and most respected nonprofit organization devoted exclusively to hydrocephalus in all age groups.

From a small group of parents of young children in the San Francisco Bay area, the association has made an impact beyond our wildest dreams. We have an office, a hard-working Board of Directors and Medical Advisory Board, and a trained, dedicated and knowledgeable staff that responds to more than 900 requests for support and services every month. In addition, between 10,000 and 30,000 people visit our Web site each month.

We have held eight national conferences on hydrocephalus in major cities across the country and look forward to hosting our ninth conference in Baltimore, Md., in 2006. We have continued to respond to the changing needs of our community with a wealth of educational and resource materials including our most recent publication, Healthcare Transition Guide for Teens and Young Adults. Many of you have worked in partnership with us to address the complex issues facing our young adults—the first generation to be successfully shunted for hydrocephalus. Our work is not over and we hope that you will continue to work with us and guide us as we strive to help this brave and deserving group of young adults toward lives of fulfillment and quality. We look forward to the next 20 years and we are confident that with your continued support, together we will meet whatever challenges await us.

We are pleased to announce that Dory Kranz, our director of normal pressure hydrocephalus and older adult services since 2002, will take over the helm of the association on Jan. 1. She succeeds Emily S. Fudge, founding executive director, who is retiring effective Dec. 31.

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According to the Board of Directors, "Dory's vision and passion will bring great new energy to the association, and her extensive outreach and management experience will ensure a solid footing for the years to come."

We invite all of you to stop by our booth at the upcoming [Pediatric Section meeting](#) to meet Dory.

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2004 ISPN Annual Meeting Report

Science in South America

Cheryl Muszynski, MD

The 32nd annual meeting of the International Society for Pediatric Neurosurgery took place Aug. 29-Sept. 2, 2004, in Buenos Aires, Argentina. More than 180 participants and guests from around the world gathered for the event.

The theme of the first day, functional neurosurgery, heralded exploration of scientific sessions on epilepsy surgery, basic neuroscience, psychiatric disorders, brain tumors and movement disorders. The second day, themed skull base pathology, featured scientific sessions on skull base surgery, brain tumors, minimally invasive surgery and endoscopy. The third day's theme was spine pathology. The day began with a special session on conjoined twins, followed by sessions on brain tumors, congenital spinal pathology, congenital anomalies, acquired spinal pathology, shunted hydrocephalus and endoscopy. The fourth and final day's theme was vascular pathology. Scientific sessions covered posterior fossa arteriovenous malformations and pediatric head trauma in addition to congenital anomalies and craniosynostosis. A final scientific session included miscellaneous topics.

Seven oral poster sessions were interspersed throughout the four days along with several roundtables and invited lectures.

The meeting was preceded by a very successful course that primarily was attended by young neurosurgeons (who are completing their training) from Argentina and neighboring countries.

Slightly more than half of the meeting's attendees were pediatric neurosurgeons from South America. Having the opportunity to learn about the impressive quality and quantity of their surgical procedures was an extra bonus to an informative and edifying meeting.

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The meeting program can be accessed at <http://www.ispn.org/Meetings/BuenosAires/BuenosAiresIndexold.htm>.

[Click here for the ISPN membership application.](#)

Cheryl Muszynski, MD, is AANS/CNS Pediatric Section liaison to the International Society for Pediatric Neurosurgery.

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Business Meeting Minutes

AANS/CNS Section on Pediatric Neurological Surgery

Orlando Convention Center

Orlando, Fla.

May 4, 2004

Call to Order at 5:24 p.m. by Andrew Parent, MD, chair

Approval of Minutes—Jeffrey Wisoff, MD, secretary

Moved for approval and accepted by acclamation.

Financial Report—Ann-Christine Duhaime, MD, treasurer

The Pediatric Section is currently in a favorable financial status, mainly due to improved performance from investments as well as ahead-of-budget financial balance from the Annual Meeting.

Currently our net assets total \$395,539, and the net revenue from the Annual Meeting is \$86,988. The latter figure results from both decreased expenses and increased exhibitor and sponsorship revenues compared to the budget, which was predicted to be a negative balance.

Not all the expenses from the Annual Meeting have yet been paid out, so this figure will drop before the fiscal year ends. In addition, our long-term investment pool market value, which is counted in our assets, may drop, depending on market conditions. Nonetheless, we remain in a positive financial balance and remain significantly ahead of budget for fiscal 2004 at the present time.

Committee Reports

Membership Committee—Sarah Gaskill, MD

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For Active Membership:

Hugh J. L. Garton, MD, MHSc
University of Michigan
Ann Arbor, Mich.

Arthur J. DiPatri Jr., MD
University of Maryland MC
Baltimore, Md.

Ian M. Heger, MD
Memorial Healthcare System
Hollywood, Fla.

Leon E. Moores, MD
Walter Reed Army Medical Center
Washington, D.C.

After moved and seconded, the entire list
was accepted by the members by
acclamation.

Pediatric Section Annual Meeting—Jeffrey Wisoff, MD, for Douglas
Brockmeyer, MD

2003-There were 443 total registrants including 263
medical registrants, 30 guests, and 115 exhibitors for the
December meeting in Salt Lake City. There was a net
profit as noted in the treasurer's report.

2004-The meeting will be at the Hyatt Regency,
Embarcadero, in San Francisco Dec. 8-12, 2004.

Future Annual Meetings—Andrew Parent, MD, and Rick Abbott, MD

Future meetings that have already been scheduled are:

2005-Point Clear, Ala.: Dec. 7-10, 2005. The venue is a
resort set in a historic site. Attendees will arrive via
Pensacola, Fla., or Mobile, Ala.

2006-Denver, Colo.: Nov. 29-Dec. 1, 2006, Marriott Hotel.

Committee Appointments

John Kestle, MD, has been appointed chair of the Membership Committee to succeed Sarah Gaskill, MD.

Sarah Gaskill, MD, and Michael Partington, MD, have been elected members at large on the Executive Committee.

New Business

There was no new business offered from the floor.

The meeting was adjourned at 5:30 p.m.

Respectfully submitted,

Jeffrey H. Wisoff, MD
Secretary

Proposed Rules and Regulations

- 1. The Past Chairperson will be responsible for selecting the recipient of the Franc Ingraham Lifetime Achievement Award.**
- 2. The Chairperson-Elect is responsible for the duties associated with selecting the futures sites of annual meetings.**

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