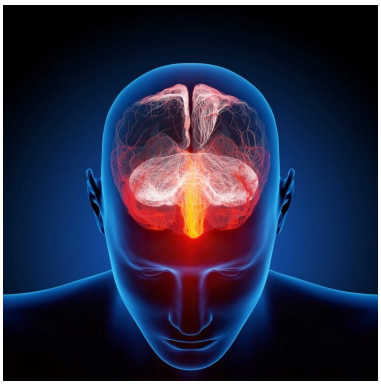
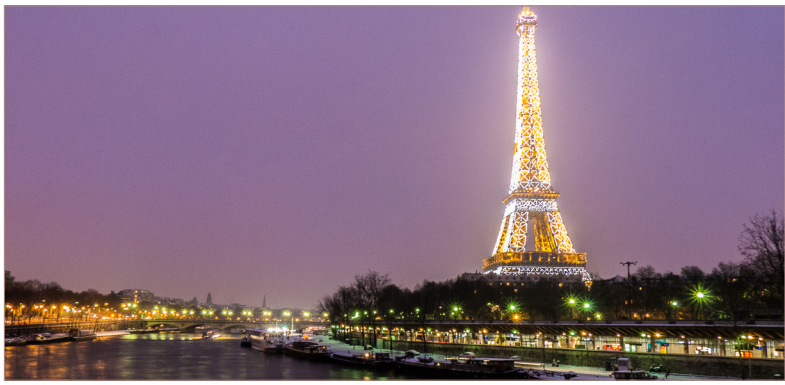
# Scientific Tracks & Sessions
# November 12, 2018

## *CNS-2018*


International Conference on

## Central Nervous System & Therapeutics

Nov 12-13, 2018 | Paris, France

## Molecular biology of Intracranial Aneurysms and their clinical implications

**Jose Carlos Rodrigues Junior**
Heliópolis Hospital, Brazil

Intracranial aneurysms are a common lesion ranging from 1% to 5% and a major cause of subarachnoid hemorrhage with high rates of morbidity and mortality. With this catastrophic scenario, efforts must be directed to improve diagnosis and treatment. Molecular biology of Intracranial Aneurysms advanced a lot in the last years, improving our understand of their etiology, natural history, and specially, potential targets to be explored in prevention and treatment. In this study, we briefly review molecular biology of intracranial aneurysms and their potential clinical implications.

### Speaker Biography

José Carlos Rodrigues Junior made his medical degree at Jundiaí Medical School in 2001 and complete neurosurgery residence in 2006 at Heliópolis Hospital, São Paulo, Brazil. Today, he is Head of Service of Neurosurgery coordinating residence program in Neurosurgery and the Vascular Neurosurgery Department at Heliopolis Hospital. Member of the Brazilian Neurosurgery Society, WFNS and Flanc.

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## Effectiveness of an alternate approach durotomy in Decompressive Craniectomy in severe TBI

**Venkataramana Pamidimukkala**
Sevenhills Hospital, India

**Introduction:** Traumatic Brain Injury (TBI) is a leading cause of death and disability worldwide. Decompressive craniectomy is an emergency neurosurgical procedure in patients who have sustained TBI resulting in raised ICP.

**Objective:** To study surgical methods and techniques to improve results following decompressive craniectomy.

**Patients and Methods:** We have treated 3485 TBI patients from January 2009 to December 2017. Decompressive craniectomy (DC) was done in 531 patients while rest were treated conservatively. The protocol followed was neuro ICU care, radiological and neurological monitoring. DC was done if there was neurological deterioration or midline shift in the CT scan. A speedy craniectomy was done with a 'lazy question mark' skin incision. The flap included the temporalis muscle, followed by a 12 to 16 cm wide craniectomy. The dura was first opened in the frontal region and 'pizza slicing' of dura was done. Additional cuts were made over the draining veins close to the saggital sinus in the form of vascular tunnels. A synthetic dural graft was shaped and positioned but not sutured. The temporal muscle was not sutured. Single layered skin closure was done followed by the application of a loose bandage.

**Conclusion:** Pizza slicing of dural opening in contrast to conventional sinus based or skull base, based flap prevents compression on the viens which are already compromised due to oedema. Post Traumatic Malignant Oedema and venous infarcts were greatly avoided. Keeping the dural patch loosely and single layer closure prevents damping of the brain pulsations. Wound complications or CSF leaks greatly decreased.

### Speaker Biography

Venkataramana Pamidimukkala is consultant neurosurgeon of twenty-five experience from coastal city of Visakhapatnam, on the East coast of India. He was trained by PB. Ramamurthi, known as "Father of Indian Neurosurgery" at Chennai. He practices general neurosurgery but has special interest in treating and prevention of traumatic brain injuries. He trains young neurosurgeons on head injury protocols and widely travels in surrounding states to train general practitioners on early management of head and spinal injuries. He has visited the best institutes of neurosurgery throughout the world and trained there. He has performed nearly 17000 surgeries in brain and spine since 1991.

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## Ciliary body melanoma with Optic Nerve Invasion and unusual tumoral pattern growth - A rare case report

**Florin-Vlad Ionita[1], Radu Nastasie[1], Adrian Dumitru[1,2], Alina Popa-Cherecheanu[1,2]** and **Mariana Costache[1,2]**
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The most common primary malignancy of the eye in white adults is the uveal melanoma. Frequently, uveal melanoma arises from choroid or iris. Ciliary body melanoma is a rare if not exceptional subtype of uveal melanoma. In this paper we will expose a case report about a multinodular growth pattern of a ciliary body melanoma with optic nerv invasion and an unusual tumour extraocular extension. The patient, age 80, presented with permanent atrial fibrillation and no other specific symptoms, the only inconvenience been a protrusion of the tumour outside the eye globe. After clinical and imagistic re-evaluation, the patient was diagnosed with multiple hepatic and lung metastases. The patient was firstly diagnosed with a small ciliary melanoma 10 years ago but at that time, she refused surgical treatment.

After surgical excision, the specimen was sent for histopathological examination to the Department of Pathology of the Emergency University Hospital in Bucharest. Specimen samples were fixed with 10% buffered formalin and were processed by conventional histopathological methods using paraffin embedding, sectioning and Hematoxylin–Eosin staining. We have also performed immunohistochemical tests. Light microscopy examination revealed a large-sized ciliary body melanoma consisting of heavily pigment spindle and epithelioid type cells (mixed cell type according to the modified Calendar classification). The posterior chamber of the eye was not affect but we observed multiple scattered malignant cells within the optic nerve, a very unusual feature. This type of ocular melanoma has a poor prognosis due to early metastases but in this case, we emphasize the long-lasting evolution and peculiar anterior growth pattern.

### Speaker Biography

Florin-Vlad Ionita is student in the 4th year at the University of medicine and Pharmacy "Carol Davila", Bucharest, Romania. As a student his activity was oriented in the neurosurgery domain but also In the other neurological fields. Starting with 2017 he is the scientific coordinator at the "Walter E. Dandy" Neurosurgical Club, Bucharest, Romania.

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