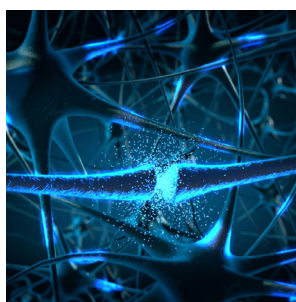
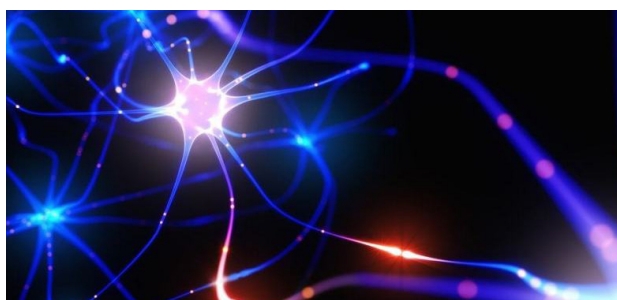


Accepted Abstract

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Spinal Benign Tumors Treated by full Endoscopy Interlaminar approach

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Introduction: Percutaneous endoscopic technique has been used to treat disk herniation and spinal stenosis, so far we have very few reports to treat benign spinal tumors treated by this minimally invasive treatment. We would like to present some cases of lumbar benign spinal tumors removed by full endoscopic approach

Purpose

We've described 4 cases of benign lumbar spinal tumors, that were treated by full endoscopy in a period of two years. The patients had no major neurological signals, only back pain associated or not with radicular symptoms. The M.R.I demonstrated small lesions in the lumbar field measuring from 1.0 cm to 4.0 cm.

Methods

We've performed all the procedures with a single skin incision less than 08 mm, placing the working canula between the interlaminar bone window, according to the level related to the lesion, making a enlargement under assistance of diamond burr to expose the ligamentum flavum from the base to the tip of the ascending facet to

make a good exposition of the surgical area. After opening the ligamentum flavum, the tumors were totally removed piecemeal under endoscopic guidance. The procedures lasted less than three hours with no support in intensive care unit and the pathological examination confirmed : 01 case of angioliopoma, 02 cases of Schwannoma and one case of neurinoma.

Results

All the patients had a hospital discharge less than twelve hours after the surgical procedure with complete relief of neurological symptoms and using minor pain killer to control the back pain.

Conclusions

The full endoscopy is a safe option to treat spinal benign spinal tumors in very selected cases even though we need some more proper tools to perform these procedures

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Development and Validation of Cerebral White Matter Hyperintensity Probability map of Elderly Koreans

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Background and Purpose: Although previously constructed white matter hyperintensity(WMH) probability maps of healthy older adults exist, they have several limitations in representing the distribution of WMH in healthy older adults, especially Asian older adults. We developed and validated a WMH probability map (WPM) of healthy older Koreans and examined the age-associated differences of WMH.

Methods: We constructed WPM using development dataset that consisted of high-resolution 3D fluid-attenuated inversion recovery images of 5 age groups (60–64 years, 65–69 years, 70–74 years, 75–79 years, and 80+ years). Each age group included 30 age-matched men and women each. We tested the validity of the WPM by comparing WMH ages estimated by the WPM and the chronological ages of 30 healthy controls, 30 hypertension patients, and 30 stroke patients.

Results: Older age groups showed a higher volume of WMH in both hemispheres ($p < 0.001$). About 90% of the WMH were located in periventricular space in all age groups. With advancing age, the peak of the distance histogram from the ventricular wall of the periventricular WMH shifted away from the ventricular wall, while that of deep WMH shifted toward the ventricular wall. The estimated WMH ages were comparable to the chronological ages in the healthy controls, while being higher than the chronological ages in hypertension and stroke patients.

Conclusions: The WPM may serve as a standard atlas in research on WMH of older adults, especially Asians.

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