

Under auspices of WSSFN



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

President of the conference
Prof. Dr. Ashraf Ghobashy

President of the MSSFN
Prof. Dr. Ahmed Alkhani

6th - 8th February 2019

Hilton Cairo Heliopolis-Egypt

"THE LAND WHERE IT ALL BEGINS"



ORGANIZED BY
Department Of Neurosurgery,
Ain Shams University,
Cairo - Egypt



International Parkinson and
Movement Disorder Society



Under auspices of WSSFN



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

Welcome Message

Dear Colleagues,

On behalf of the Department of Neurosurgery, Ain Shams University, Cairo; we would like to express our pleasure and honor to invite you to the Second Middle Eastern Society of Stereotactic and Functional Neurosurgery (MSSFN) congress in Cairo, 6th to 8th February 2019. The marvelous success of the First congress of our society held in Dubai, Jan. 2016 made a big step in the awareness and practice of stereotactic and functional neurosurgery in our region.

Hosting this event with our eminent speakers from all over the world, we hope to retrieve more young neurosurgeons to join this elegant neurosurgical subspecialty not only in Egypt but also in the middle east countries and around the world. This will help to improve the standard of practice and patient's safety.

All medical industry of leading innovations in this field are invited and welcomed through a well designated exhibition that insure direct contact and interactions with our delegates.

Through a well-structured scientific program including keynote presentations, lectures, clinical discussions and workshops, we intend to present state of the art in different fields of stereotactic and functional neurosurgery like epilepsy surgery, movement disorders, neuromodulations, pain , psychiatric surgery, neurorehabilitation and radiosurgery.

As we always reinforce the concept of multidisciplinary approach in clinical medicine, the congress will be of interest to a wide variety of specialties like neurosurgery, neurology, pediatric neurology, neuro-oncology and physical medicine and rehabilitation. We hope this congress will help the progress of continuous medical education and training in our developing countries.

Last but not the least, we are sure you will enjoy the marvelous weather and our hospitality in Cairo, the city of rich and unique historical attractions.

Regards from Egypt, "THE LAND WHERE IT ALL BEGINS".



Prof. Dr. Ashraf Ghobashy

Ashraf Ghobashy

President of the 2nd MSSFN congress.
Chairman of Department of Neurosurgery
Ain Shams University, Cairo, Egypt



Prof. Dr. Ahmed Alkhani, M.D., F.R.C.S.C

Ahmed Alkhani

Prof. of Neurosurgery, K.A.M.C.
Riyadh-Saudi Arabia



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

2nd MSSFN -Cairo 2019 Committee

6th – 8th February 2019

Prof. Ashraf Ghobashy (EGY)

President of 2nd MSSFN – Cairo 2019. Chairman of the Department of neurological Surgery, Ain Shams University, Cairo- Egypt



Prof. Ahmed Alkhani (KSA)

President of MSSFN. Consultant & Program Director, Neurosurgery Department of Neurosurgery, King Abdulaziz Medical City, Riyadh, Saudi Arabia, Full Professor (adj.), College of Medicine Alfaisal University, Riyadh, Saudi Arabia and Consultant, Division of Neurosurgery, King Faisal Specialist, Hospital and Research Center, Riyadh, Saudi Arabia



Prof. Ashraf Al-Abyad (EGY)

Chairman of the Scientific Committee ,2nd MSSFN, Cairo 2019. Professor of Neurosurgery Functional and Stereotactic Neurosurgery at Ain shams University, Cairo – Egypt. Chair of the Functional Neurosurgery Section of the Egyptian Society of Neurological Surgeons.



Prof. Walid Abdel Ghany (EGY)

Secretary of 2nd MSSFN- 2019. Consultant and Professor of Neurosurgery, Functional Neurosurgery, Department of Neurosurgery, Ain Shams University, Cairo-Egypt. And the director of Movement Disorders clinic – Ain Shams University Hospitals



Associate Prof. Zeiad Fayed (EGY)

Chairman of the Organizing Committee. Associate professor of neurosurgery, stereotactic and functional neurosurgery, Ain Shams University



Dr. Aly Ibrahim (EGY)

2nd MSSFN Organizing Committee. lecturer of Neurosurgery at Ain Shams University in Cairo, Egypt.



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2nd MSSFN -Cairo 2019 Committee

6th – 8th February 2019

Dr. Hesham Radwan (EGY)

2nd MSSFN Organizing Committee. Lecturer of Neurosurgery at Ain shams University. Cairo-Egypt.



Dr. Mohamed Nada (EGY)

Organizing committee. Consultant Neurosurgeon, Functional and stereotactic Neurosurgery, Egyptian Ministry of Health Hospitals. Fellow of Ain Shams University Neurosurgery.



Dr. Mohammed Eid

Organizing committee. Lecturer of neurosurgery Faculty of Medicine Ain Shams university.



Dr. George Halim (EGY)

Organizing committee. Assistant lecturer of Neurosurgery, Ain shams University



Dr. Mazen Alkarras (EGY)

Organizing Committee. Assistant lecturer of neurosurgery. Ain Shams university



Salma Bakr (EGY)

Organizing Committee. 4th Year Medical Student. Ain Shams university



Peter Emad (EGY)

Organizing committee. 4th year medical student Ain Shams University. He's shown great interest in neurosurgery since his first days. He is currently a research associate at the Gamma Knife Centre



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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

Guest Speakers

6th – 8th February 2019

Prof. Michael Schulder (USA)

President of the WSSFN

Vice chairman and residency program director in the Department of Neurosurgery at the Zucker School of Medicine. Director of the Brain Tumor Center. The interim director of Functional Neurosurgery in the Cushing Institute of Neuroscience.



Prof. Mojgan Hodaie (CAN)

Vice president of WSSFN

Staff neurosurgeon at the Toronto Western Hospital with subspecialty training in stereotactic and functional neurosurgery and the surgical co-director of the Joey and Toby Tanenbaum Family Gamma Knife Center at the Toronto Western Hospital. Professor at the Department of Surgery, University of Toronto in Canada.



Prof. Joachim K Krauss (GER)

Former president of WSSFN

Director and Chairman of the Department of Neurosurgery at Medical School Hannover, Germany. Chair of the Task Force Neurosurgery and as Co-Chair of the Task Force Deep Brain Stimulation for Dystonia, International Parkinson and Movement Disorders Society.



Prof. Patricia Limousin (UK)

Consultant Neurologist UCL Institute of Neurology and the National Hospital for Neurology & Neurosurgery. Professor of Clinical Neurology and Consultant Neurologist



Prof. Ahmed M. Raslan (USA)

Associate Professor of neurosurgery. Medical director of quality and the director of clinical operations at Department of Neurosurgery, Oregon Health and Science University, USA





2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

6th – 8th February 2019

Guest Speakers

Prof. Francois Alesch (AUS)

Professor for Stereotactic and Functional Neurosurgery at Medical University of Vienna, Austria.



Prof. Ilhan Elmaci (TUR)

Professor of Neurosurgery, Microneurosurgery and endoneurosurgery at the University of Acibadem for Medical School in Istanbul. Turkey



Prof. Michael Kinsman (USA)

Assistant professor of Neurosurgery – Functional Neurosurgery at KUMC, Kansas, USA



Prof. Jeffrey Raskin (USA)

Assistant Professor, section of pediatric neurosurgery at Riley Hospital for Children, Indiana University and Goodman Campbell Brain and Spine, co-director of epilepsy surgery.



Prof. Neziha Gouider Khouja (TUN)

Head of Department of Child and Adolescent Neurology, National Institute of Neurology of Tunis. Director of the Department of Child and Adolescent Neurology and Director of The Research Unit on Movement Disorders.



Prof. Abdul Sattar Hashim (PAK)

Senior Consultant Neurosurgeon. Chairman Gamma Knife & Stereotactic Radiosurgery. Director Stereotactic & Functional Neurosurgery. Managing Director & Chairman Neurospinal & Cancer Care Institute.





2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

6th – 8th February 2019

Guest Speakers

Prof. Saeed Bohlega (KSA)

Professor of Neurology at Al Faisal University. Chairman of Saudi Multiple Sclerosis Advisory Group. President of the Saudi Neurology Society and the President Elect for the PAN Arab Union of Neurological Societies (PANUS).



Prof. Ali Razmkon (IRN)

Functional neurosurgeon, head and founder of Center for Neuromodulation and Pain in Shiraz, Iran.



Prof. Soha Alomar (KSA)

Neurosurgeon at King Abdulaziz University Hospital, Jeddah, Saudi Arabia



Prof. Aurangzeb Kalhoro (PAK)

Consultant neurosurgeon, Medicare Hospital, Karachi, Pakistan



Prof. Miguel Coelho (POR)

Professor of Neurologist. lead the DBS program in Lisbon University, Portugal.



Prof. Benaissa Abdennebi (ALG)

Professor of Neurosurgery. Former President of the Algerian Society of Neurosurgery. Honorary President of the Middle East Stereotactic and Functional Neurosurgical Society



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6th – 8th February 2019

Guest Speakers

Prof. Muhammad Doghaim (KWT)

Functional Neurosurgeon at the department of Neurosurgery Ibn Sina Hospital in Kuwait. He is specialized in functional neurosurgery



Prof. Lakhdar Guenane (ALG)

Professor of Neurosurgery University Hospital Algiers head of unit, lecturer full member of the Algerian Neurosurgery Society



2nd MSSFN - Egyptian Faculty

6th – 8th February 2019

Prof. Ali Shalash (EGY)

Professor of Neurology, Ain Shams University, Egypt. Director of MDS- Education- Africa Section



Prof. Yasmine Ali El Ashram (EGY)

Professor of Neurophysiology. Department of Physiology, Faculty of Medicine. Alexandria University, Egypt.



Prof. Amr EL- Shehaby (EGY)

Professor of Neurosurgery, Ain Shams University, Deputy medical director Gamma Knife Center Cairo.



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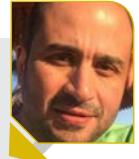
2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

2nd MSSFN - Egyptian Faculty

6th – 8th February 2019

Prof. Ahmed Darwish (EGY)

Associated Professor of Neurosurgery, Functional Neurosurgery, Department of Neurosurgery, Ain Shams University, Cairo-Egypt. Director of Epilepsy clinic – Ain Shams University Hospitals.



Prof. Ahmed Abdel Bar (EGY)

Associated Professor of Neurosurgery, Functional Neurosurgery, Department of Neurosurgery, Ain Shams University, Cairo-Egypt. Director of pain clinic – Ain Shams University Hospitals.



Prof. Mohamed Awad (EGY)

Professor of Neurosurgery, Department of Neurosurgery, Ain Shams University, Cairo-Egypt.



Associate Prof. Salah Hamada (EGY)

Associated Professor of Neurosurgery, Functional Neurosurgery, Department of Neurosurgery, Ain Shams University, Cairo-Egypt. Co-Director of Epilepsy clinic – Ain Shams University Hospitals.



Dr. Shereen Fawaz (EGY)

Lecturer of Physical medicine, Rehabilitation & Rheumatology, Ain Shams University.



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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
wednesday
2019

6th

Breakfast Seminar 1 Movement Disorders



07:30 – 08:30

Chairpersons ▼

- Patricia Limousin
- Francois Alesch
- Ilhan Elmaci
- Ibrahim Eweiss

07:30-07:50 Patient & target selection for DBS in PD
Patricia Limousin (UK)

07:50 -08:10 Planning in functional neurosurgery the pragmatic way
Francois Alesch (AUS)

08:10 - 08:30 The impact of selective dorsal rhizotomy
Ilhan Elmaci (TUR)



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
wednesday
2019

6th

Plenary Session 1 Movement Disorders



08:30-10:30

Chairpersons ▼

- Ali Shalash
- Ahmed Al Khani
- Joachim Krauss
- Francois Alesch

08:30 - 08:50 **Keynote Lecture 1:** Ablative neurosurgery: A renaissance
Francois Alesch (AUS)

08:50 -09:10 **Keynote Lecture2:** Robotic functional neurosurgery
Ahmed Raslan (USA)

09:10 -09:30 **Keynote Lecture3:** Surgical treatment of Dystonia
Joachim Krauss (GER)

09:30 - 09:50 **Keynote Lecture4:** Learning curve in stereotactic and functional neurosurgery:
from anterolateral cordotomy to The DBS.
Benaissa Abdennebi (ALG)

09:50 - 10:10 **Keynote Lecture5:** Emergencies in movement disorders
Nizeha Khouja (TUN)

10:10 - 10:30 **Keynote Lecture6:** Surgical outcome of DBS for different types of dystonia; our
local experience.
Ahmed Alkhani (KSA)

11:00-11:30 **Coffee Break** ☕



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
wednesday
2019

6th

Plenary Session 2 (A) MDS - Ambassador Program Course



11:30-14:00

Chairpersons ▼

- Patricia Limousin
- Miguel Coelho

Moderators ▼

- Walid Abdel Ghany
- Zeiad Fayed
- Ali Shalash

- 11:30 - 12:00 Introduction & Objectives (Moderators)
- 12:00 - 12:30 **Keynote Lecture 7:** Classification of movement disorders
Ali Shalash (EGY)
- 12:30 - 13:00 **Keynote Lecture 8:** Current Best medical treatment for PD & Dystonia.
Patricia Limousin (UK)
- 13:00-13:30 **Keynote Lecture 9:** Targets & patient selection for DBS in PD
Miguel Coelho (POR)
- 13:30 - 14:00 **Keynote Lecture 10:** Target & patient selection for DBS in Dystonia.
Miguel Coelho(POR)
- 14:00-15:00 **Lunch** 🍴🕒
- Industry-Sponsored Symposia: Daniel Guo, SceneRay corporation
 - MSSFN Board Meeting



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
wednesday
2019

6th

Plenary Session 2 (B) MDS - Ambassador Program Course



15:00-17:00

Chairpersons ▼

- Patricia Limousin
- Miguel Coelho

Moderators ▼

- Walid Abdel Ghany
- Zeiad Fayed
- Ali Shalash

15:00 - 15:25 **Keynote Lecture 11:** Indirect Neuromodulation for Pediatric Movement Disorders.
Walid Abdel Ghany (EGY)

15:25- 15:50 **Keynote Lecture 12:** DBS programming for PD & Dystonia: pearls & pitfalls.
Patricia Limousin (UK)

15:50 - 16:15 **Keynote Lecture 13:** Targets for lesioning in PD & Dystonia
Zeiad Fayed (EGY)

16:15 - 17:00 **Live - Cases discussion and Expert opinion:** Expert discussion.
Faculty



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
wednesday
2019

6th

Plenary Session 3 Movement Disorders



17:00-18:30

Chairpersons ▼

- Nizeha Khouja
- Ahmed Raslan
- Ashraf Alabyad
- Lakhdar Guenane

17:00 - 17:20 **Keynote Lecture 14:** A medium term result in surgery of Parkinson disease.
Lakhdar Guenane (ALG)

17:20 - 17:40 **Keynote Lecture 15:** Deep Brain Stimulation for Tourette: Where are we?
Joachim Krauss (GER)

17:40- 18:00 **Keynote Lecture 16:** Experience in DBS for PD.
Aurangzeb Kalhor (PAK)

18:00- 18:20 **Keynote Lecture 17:** Our surgical experience in the treatment of dystonia with DBS: series of 40 cases.
Brahim Merrouche (ALG)

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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
wednesday
2019

6th

Opening Ceremony



18:30-19:30

Chairpersons ▼

- Ashraf Ghobashy
- Ahmed AlKhani
- Walid Abdel Ghany

President of the Conference Speech
Prof: Ashraf Ghobashy (EGY)

President of MSSFN speech
Prof: Ahmed Alkhani (KSA)

Recognition Awards

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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Thursday
2019

7th

Breakfast Seminar 2
Pain



07:30 – 08:30

Chairpersons ▼

- Ahmed Raslan
- Benaissa Abdennebi
- Mohamed Hossam Abo Shahbah

07:30 - 07:45 Spinal cord stimulation of failed back surgery syndrome.
Ahmed Raslan (USA)

07:45 - 08:00 MVD for TGN, what went wrong?
Mohamed Awad (EGY)

08:00 - 08:15 Dorsal Root Entry zonectomy: How I do it
Benaissa Abdennebi (ALG)



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Thursday
2019

7th

Workshops (A)



08:30-09:45

Workshop(1)

DBS planning & programming (Medtronic)

Patricia Limousin, Zeyad Fayed, Joachim Krauss, Ahmed Raslan

Workshop(2)

Frameless navigation (BrainLab)

Michael Kinsman - Aly Ibrahim

Workshop(3)

Botulinum Toxin A in MDs

Nizeha Khouja, Mohamed Nada, Walid Abdel Ghany

February
Thursday
2019

7th

Workshops (B)



09:45 -11:00

Workshop(4)

Intraoperative neuromonitoring (Inomed)

Ihan Elmaci - Yasmine AlAshram

Workshop(5)

Drug Delivery systems (Medtronic)

Jeffrey Raskin - Walid Abdel Ghany

11:00 – 11:30 Coffee Break 

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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Thursday
2019

7th

Plenary Session 4 Pain



11:30 -12:45

Chairpersons ▼

- Jeffrey Raskin
- Ahmed Abdel Bar
- Benaissa Abdennebi
- Mohamed Awad

11:30-11:50 **Keynote Lecture 18:** Trigeminal neuralgia: Unique form of neuropathic facial pain.
Mojgan Hodaie (CAN)

11:50 -12:10 **Keynote Lecture 19:** Vascular compression & trigeminal neuralgia: not enough, not necessary, but
Ahmed Raslan (USA)

12:10 -12:30 **Keynote Lecture 20:** Advances in neuromodulation for pain
Michael Kinsman (USA)



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Thursday
2019

7th

Plenary Session 5 Pain



12:45 - 14:30

Chairpersons ▼

- Ahmed Raslan
- Mojgan Hodaie
- Emad Khattab
- Moustafa ElFouly

12:45 - 13:05 **Keynote Lecture 21:** Percutaneous techniques: Explanation attempts of complications and failure
Benaissa abdennebi (ALG)

13:05 - 13:25 **Keynote Lecture 22:** Interventional Techniques in management of cluster headache: 8 years' experience
Ahmed Abdel Bar (EGY)

13:25 - 13:45 **Keynote Lecture 23:** Management of MS related trigeminal neuralgia
Aly Ibrahim (EGY)

13:45 - 14:05 **Keynote Lecture 24:** Endoscopic thoracic sympathectomy for hyperhidrosis & pain
Mohamed Awad (EGY)

14:30-15:15 **Lunch** 🍴🕒

Industry sponsored symposium:

Medical & surgical management of neuropathic pain.
Hossam El-Husseiny (EGY)





2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Thursday
2019

7th

Plenary Session 6 Radiosurgery



15:15-17:30

Chairpersons ▼

- Michael shulder
- Wael Abdel Halim
- Ilhan Elmaci
- Khaled Abdel Karim

15:15- 15:40 **Keynote Lecture note 25:** Gamma Knife Radiosurgery for cerebral Arterio-venous malformations
Amr El-Shehaby (EGY)

15:40-16:05 **Keynote Lecture note 26:** Stereotactic radiosurgery for metastatic brain tumors
Michael Schulder (USA)

16:05 - 16:30 **Keynote Lecture note 27:** Gamma Knife treatment: Decision and preservation from complications
Ilhan Elmaci (TUR)

16:30-16:55 **Keynote Lecture note 28:** Robotic laser ablation in pediatric neurosurgical population: Epilepsy and Oncology
Jeffrey Raskin (USA)

16:55 -17:20 **Keynote Lecture note 29:** Gamma Knife radiosurgery for Trigeminal Neuralgia
Abid Saleem (PAK)



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Thursday
2019

7th

Featured presentations



17:30 – 18:30

Chairpersons ▼

- Nabil Mansour
- Neziha Khouja
- Michael Schulder
- Khaled Elbahy

17:30 - 17:45 **Featured presentation 1:** Noble Art of Lesioning for Essential Tremors and Dystonia
A Sattar Hashim (PAK)

17:45 - 18:00 **Featured presentation 2:** Genetics of Dystonia
Saeed Bohlega (KSA)

18:00-18:15 **Featured presentation 3:** Therapeutic application of transcranial magnetic stimulation in the rehabilitation of spinal cord injury
Shereen Fawaz (EGY)

18:15-18:30 **Featured presentation 4:** Baclofen pump as treatment option in spasticity
Muhammad Doghaim (KWT)

18:30 - 18:00 **Closing and Wrap - up**

20:00 **Faculty Dinner**

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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Friday
2019

8th

Breakfast Seminar 3
Epilepsy



07:30 – 08:30

Chairpersons ▼

- Ahmed Darwish
- Mentallah Shata
- Soha Alomar
- Michael Schulder

07:30-07:45 Corpus Callosotomy: a break for the patients and families with drug resistant pediatric epileptic encephalopathy
Ahmed Darwish - Salah Hamada (EGY)

07:45 - 08:00 Stereo EEG
Soha Alomar (KSA)

08:00 - 08:15 SRS & functional neurosurgery
Michael Schulder (USA)

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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Friday
2019

8th

Plenary Session 7 Epilepsy



08:30 - 10:30

Chairpersons ▼

- Ashraf Ghobashy
- Mojgan Hodaie
- Iman Elmarakby
- Hoda Tamoum

08:30- 08:55 **Keynote Lecture 30:** Advanced imaging techniques in functional neurosurgery
Mojgan Hodaie (CAN)

08:55 - 09:20 **Keynote Lecture 31:** Minimally invasive techniques & technology changed the indications and outreach of epilepsy surgery
Ahmed Raslan (USA)

09:20 - 09:45 **Keynote Lecture 32:** Functional mapping in epilepsy
Soha Alomar (KSA)

09:45 - 10:10 **Keynote Lecture 33:** Resection of Intra-axial tumors in eloquent motor areas; feasibility and surgical outcome
Ashraf Alabyad (EGY)

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2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Friday
2019

8th

Oral Presentations Session 1



10:30 – 11:30

Chairpersons ▼

- Nasser Alghandour
- Abd ElHafiz Shehab ElDeen
- Khaled Saoud
- Ezzat Abdel Khalek

10:30 - 10:40 Kuwait experience with VNS for refractory epilepsy
Muhammad Doghaim (KWT)

10:40 - 10:50 A Surgical Multistep Approach to The Complex Temporal Lobe Epilepsy
Ahmed Badry (EGY)

10:50 - 11:00 Lesional Epilepsy Surgery: Brain Mapping Era
Ahmed Morsy (EGY)

11:00 - 11:10 Safety and efficacy of subthalamotomy in the management of advanced parkinson's disease
Ahmed Rabei (EGY)



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Friday
2019

8th

Plenary Session 8 Psychiatric surgery



13:00 – 15:00

Chairpersons ▼

- Menan Abdel Maksoud
- Abdel Nasser Omar
- Soha Alomar
- Michael Sculder

13:00 - 13:25 **Keynote Lecture 34:** Psychosurgery revisited: The legacy of Walter Freeman
Michael Schulder (USA)

13:25 - 13:50 **Keynote Lecture 35:** Surgical treatment of psychiatric conditions
Michael Kinsman (USA)

13:50 - 14:15 **Keynote Lecture 36:** Recent developments in deep brain stimulation.
Francois Alesch (AUS)

14:15 - 14:40 **Keynote Lecture 37:** Effects of subthalamic DBS on impulsivity and obsessions
in Parkinson patients; OCD target revisited?
Ali Razmkon (IRN)

15:00-16:00 **Lunch** 🍴🕒

Industry-Sponsored Symposium: Inomed



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

February
Friday
2019

8th

Oral Presentations Session 2



16:00-17:00

Chairpersons ▼

- Mohamed Wael Samir
- Yasser Albanna
- Ashraf Al Abyad
- Michael Kinsman

16:00 - 16:10 Percutaneous radiofrequency sympathectomy for treatment of hyperhidrosis: review and case presentation
Sherif Salem (EGY)

16:10 - 16:20 Aspiration of Cystic Brain Lesions Using Pinless Frame-based Stereotaxy
Abdin Khair-Allah Kasim (EGY)

16:20 - 16:30 The full potential of intra operative micro electrode recording.
A A Mokeem (KSA)

16:30 - 16:40 Image-Guided Deep Brain Nuclei targetting without MER
Amr Albakry (EGY)

17:00 **WSSFN - MSSFN Awards - Closing and Wrap-up**



WSSFN

18TH
BIENNIAL
MEETING OF THE
WORLD SOCIETY
FOR STEREOTACTIC
AND FUNCTIONAL
NEUROSURGERY



HILTON MIDTOWN
NEW YORK CITY

JUNE 24-27
2019

www.wssfn-congress.org

Early Bird Registration
Deadline: March 26, 2019



Overview of Movement Disorders for Physicians,
Nurses and Allied Health Professionals (AHP)

MOSHI, Tanzania

APRIL 29 – MAY 3, 2019



International Parkinson and
Movement Disorder Society

Save the Date



International Parkinson and
Movement Disorder Society

**International Congress of Parkinson's
Disease and Movement Disorders®**

NICE, FRANCE SEPTEMBER 22-26, 2019



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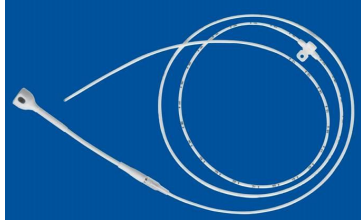
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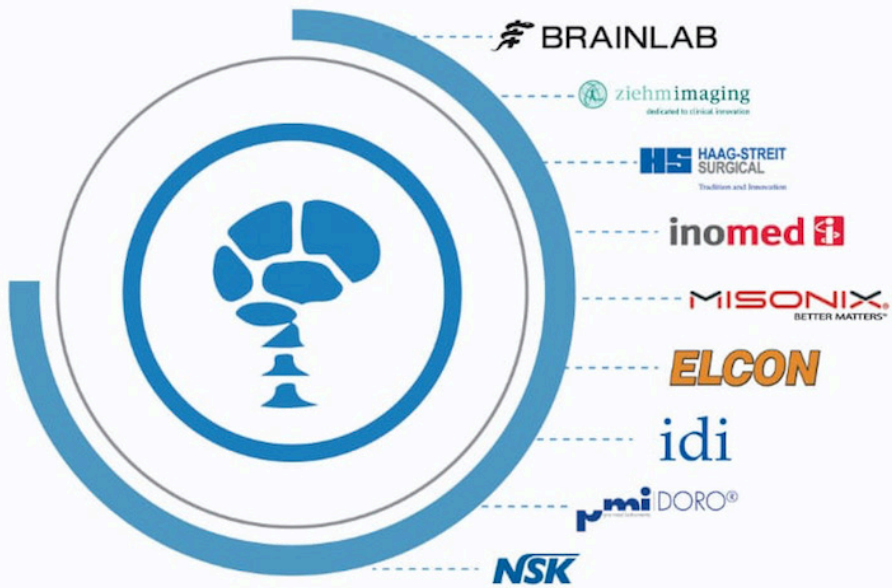
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2nd

Middle - Eastern Society for Stereotactic and Functional
Neurosurgery (MSSFN) Conference Cairo 2019

Abstracts



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

Abstract (1)

Title: Resection of Intra-axial tumors in eloquent motor areas: Feasibility and Surgical Outcome

Author: Ashraf Al-Abyad

Affiliation: Department of Neurosurgery, Ain Shams University-Cairo, Egypt

Objectives:

The role of microsurgical management of intrinsic brain tumors is to maximize resection and to minimize the postoperative morbidity. The purpose of this study was to evaluate the outcome of microsurgical treatment of tumors located in eloquent motor areas when pre- and intra- operative functional, anatomical and electrophysiological monitoring have been implemented.

Methods:

Evaluation of the outcome following resection of motor cortex tumors using preoperative fMRI and DTI, intra-operative Image guided surgery and electrical stimulation of motor cortex and subcortical pathways regarding the extent of resection and the adverse event on Neurological function.

Results:

36 patients underwent resection of tumors located within the motor brain areas in the period between June 2015 and November 2018 using the above mentioned techniques. In early postoperative MRI, total resection (>90%) was achieved in 21 patients (58%), subtotal resection (75-90%) was achieved in 15 patients (42%). Preoperatively, 18 patients (50%) were intact and the rest (50%) had motor deficit. Immediately postoperatively, increased or newly developed motor deficit was observed in 16 patients (44%). At one month postoperatively, 18 patients (50%) were intact, 12 patients (33%) improved than their preoperative status, and 5 patients (14%) remained unchanged while only one patient (3%) had permanent worsening of his preoperative deficit.

Conclusions:

The integration of pre- and intraoperative anatomical and functional studies allows for functional resection that significantly widens the extent of resection in lesions in relevant eloquent areas. Immediate postoperative neurological deficit is common but usually not more than transitory deficit, and patients have a tendency to recover completely without any harmful consequences for their quality of life.



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Abstract (2)

Title: Stereotactic Noble Art of Lesioning by Radiofrequency/Radiosurgery for Essential Tremors and Dystonia - Single Institutional Review of Outcome

Authors: A. Sattar M. Hashim, Aurangzeb, M Abid Saleem, Uzma Faisal

Affiliation: Neurospinal and Cancer Care Institute, Karachi, Pakistan

Introduction:

The treatment options of patients having the essential tremors (ET) and medically intractable primary dystonia are diverse, and ranges from medical management to surgical therapy like radiofrequency (RF) ablation, gamma knife (GK) thalamotomy and to deep brain stimulation (DBS). Pallidotomy and thalamotomy are used for the treatment of ET and dystonia. Although the stimulation of deep brain nuclei is the current standard for treatment, ablation and lesioning of Thalamus and Globus Pallidus are still used for selected patients as noble art.

Methods:

We are conducting this study prospectively for duration of 20 months and doing lesioning by direct ablation of targets. We use different targets for lesioning by direct ablation by using RF using Leksell SurgiPlan. In this study there are total 44 patients out of which 12 patient having parkinson's (PD) treated on Gamma Knife and rest 32 cases by radiofrequency. 32 patients out of which 24 having the essential tremors and 8 patients with medically intractable primary dystonia. All patients of ET are above 40 years of age while patients of dystonia are of younger age in comparison to ET. Outcome was assessed by Unified dystonia rating scale (UDRS) and The Essential Tremor Rating Assessment Scale (TETRAS) in patients with dystonia and ET respectively.

Results:

After lesion of the desired targets all patients with ET and dystonia were improved. 2 patients with ET had recurrence of tremors after 6th post-operative day and one with dystonia had recurrence of symptoms after 4th day of treatment.

12 Patients of PD medically unfit for surgery were treated on Gamma Knife Icon showed excellent results after three months of treatment in 8 cases, good in 3 cases and poor in 1.

Conclusion:

Although there are wide variety of treatment options available for functional cases; our lesioning results of the different targets for ET and dystonia are reasonable. We experience all modalities including DBS at our center. As compared to stimulation of targets; ablation is cost-effective in carefully selected cases.



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Abstract (3)

Title: A medium term results in surgery of Parkinson disease: series of 76 cases

Authors: L. Guenane, B. Merouche, M.Ibrir, A.Felkaoui, B. Abdennebi, L.Mahfouf

Affiliation: Department of Neurosurgery - Salim Zemirli, Algiers, Algeria

Introduction:

Parkinson's disease (PD) remains a major cause of neurological disability affecting millions of patients around the world. While pharmacotherapy remains the primary treatment of PD symptoms, surgical therapies have showed a resurgence of successful treatment of patients with advanced PD and complications of drug therapy. With appropriate selection of patients, deep brain stimulation (DBS) is now considered one of the most important advances in PD therapy.

Material and methods:

Since July 2004 to July 2018, seventy-six cases (76) patients suffering from PD were operated in our department. This study included 39 men and 27 women ranging between 38 complete form, 16trembling and12 rigid form; the age range from 37 to 70 years (mean age: 56 years and mean age onset: 40 years (lesionotomy of the GPI in 2 cases, of the VIM in 17cases, 2 cases of unilateral lesionotomy with DBS) and bilateral deep brain stimulation (DBS) in 57 patients. The coordinates X Y Z OF STN and GPI are calculated on work station after realizing a fusion between a stereotactic CT Scan and an MRI. usually the Stimulation of the GPI, the STN and thalamotomy were performed without anesthesia
Electrophysiological microrecordings and clinical per operative assessment were realized for the accuracy of the location of the electrode in the STN

Results:

satisfactory to excellent results were more precocious in surgery of PD than
In DS where they were tardier .in PD the comperative study of pre and post-operative scores including the UPDRS III (motor score) has noted a significant reduction of 65% in the UPDRS OFF and 63% in the UPDRS .Thermolesion of the VIM has demonstrated efficacy on tremor in 70% the major post-operative complication observed wase the stimulator infection in two cases .We deplored no mortality or morbidity.

Conclusion:

Parkinson disease surgery using both ablative and deep brain stimulation seems to be a reasonable option for medically intractable patients. the appropriate selecion of patients provide a good outcome.



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Abstract (4)

Title: Lesional Epilepsy Surgery: Brain Mapping Era (Recent Experiences from Zagazig University Multidisciplinary Epilepsy Team)

Author: Ahmed Ali Morsy

Affiliation: Department of Neurosurgery, Zagazig University, Zagazig, Egypt

Purpose: Neurosurgery is an underutilized treatment that can potentially cure drug refractory epilepsy. Careful, multidisciplinary presurgical evaluation is vital for selecting patients and to ensure optimal outcomes. Resective epilepsy surgery is currently a standard treatment for intractable focal lesional epilepsy. Seizure freedom and discontinuation of antiepileptic drugs are the ultimate goals of epilepsy treatment. We review our experience in lesional epilepsy surgery using recent pre and intraoperative brain mapping techniques for ensuring satisfactory resection of such lesions at Zagazig University Hospitals, Egypt.

Materials and Methods: We performed a 2-years review of patients (n=60) with a diagnosis of intractable focal epilepsy, with MRI lesions, who underwent epilepsy surgery and were followed up for at least 12 months and were evaluated for postoperative outcome. Preoperative comprehensive neuropsychological and radiological evaluation was performed by multidisciplinary epilepsy team. Intraoperative brain mapping techniques including awake craniotomy and direct stimulation techniques and neurophysiological monitoring were carried out during surgical resection. Operative complications, neurological deficits, and extent of resection were evaluated. Engel class I-IV classification was the primary outcome measure of epilepsy surgery.

Results: There were 32 male and 28 female patients with a mean age of 25.6 years. There were no major anesthetic complications. 6 patients (10%) had intra-operative seizures. Postoperative neurological deficit was seen in 10 patients (16.7%) and this was permanent in only 4 patients (6.7%). The success rate as Engel class I was 83.3%, 6 patients (10%) showed Engel class II and III, while 4 patients (6.67%) showed no worthwhile improvement as Engel class VI.

Conclusion: We found favorable outcomes after surgery in lesional epilepsy patients especially with using brain mapping techniques; so, we believe that it is a major treatment option, even in less resource intensive settings, and should be encouraged. Dissemination of such knowledge and improving infrastructure may be considered an urgent clinical need especially in developing countries.



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Abstract (5)

Title: Resective surgical procedures for the management of focal drug resistant epilepsy in resource limited settings

Authors: Ahmed Darwish, Salah Hamada

Affiliation: Department of Neurosurgery, Ain Shams University, Cairo, Egypt

The surgical treatment for drug resistant epilepsy has been practiced for decades worldwide but has rapidly evolved over the past several years due to the unparalleled technological advancements in preoperative evaluation and operative assisting tools.

In the new world of preoperative MEG and intraoperative MRI there still remains a huge space of conventional practices for the majority of cases with favorable outcome regarding seizure control and perioperative safety.

We present our experience with 100 cases of focal drug resistant surgical cases highlighting the challenges in preoperative workup and intraoperative surgical techniques.



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Abstract (6)

Title: A Surgical Multistep Approach to The Complex Temporal Lobe Epilepsy

Authors: Ahmed Badry, Michele Rizzi

Affiliation: Suez Canal University, Ismailia, Egypt & Ca' Granda Ospedale Maggiore Policlinico, Milano, Italy

Mesial temporal lobe epilepsy (MTLE) is the most type of epilepsy that amenable to the surgical treatment however not all the MTLE cases show the typical clinical features of the disease and some patients need invasive electrophysiological investigations. Many recent series advocate the stereotactic encephalography (SEEG) guided thermocoagulation of the seizure focus as minimal invasive intervention for variable entities of refractory epilepsy including MTLE. In this article we describe our step wise approach in management of 13 cases of complex MTLE that need invasive SEEG for localizing the temporal focus and subsequently radiofrequency ablation of the detected focus was performed. Seizure outcome is assessed in these patients and SEEG tailored temporal lobectomy was provided for whom showed poor seizure control and also follow up of their seizure outcome was assessed.

Results: Only 23% of the SEEG guided thermocoagulation showed Engle grade 1 control for the seizure in the early term follow up and no procedure related complications occurred and patients who had SEEG tailored temporal lobectomy showed 55% grade 1 seizure outcome during mean follow up duration of 43 months with one case only had wound related complication.

Conclusion: stepwise approach for complex MTLE consists of thermocoagulation and regular follow up for the seizure outcome with SEEG tailored temporal lobectomy is properly effective in these cases. SEEG guided thermocoagulation could not be alternative to the surgery for MTLE however it should be provided for patients with SEEG defined lesion as it has no complications and can decrease the burden of seizure.



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Abstract (7)

Title: Aspiration of Cystic Brain Lesions Using Pin Less Frame-based Stereotaxy

Authors: Abdin Khair-Allah Kasim

Affiliation: Department of Neurosurgery, Sohag University, Sohag, Egypt

Background: Frame-based stereotaxy aims at accurate intracranial targeting through fixing a frame to the skull with rigid pins and referring the intracranial targets to this frame followed by frame directed surgery. Pin fixation is a painful step in the operation and, in some situations like in young children having resilient or small skulls and in patients having unsuitable skull defects or previous craniotomies, it may be difficult to be done. Frameless stereotaxy, on the other hand, is not available in many centers. **Objective:** To evaluate our new technique of aspiration of cystic brain lesions using frame-based stereotactic surgery without pin fixation to the skull using a personal software calculator, Naviplan. **Methods:** Three small radio-opaque spherical marks are attached to the skull and the intracranial target is referred to them. Intra-operatively, the marks are registered to the stereotactic frame Cartesian coordinate system using Naviplan. The procedure is completed in the usual way. **Results:** 21 patients were included. In all patients, intra-operative evidence and postoperative CT scans were used for accuracy confirmation. **Conclusion:** Pinless frame-based stereotaxy with Naviplan is easy, save and accurate and can be useful when rigid pins can't be applied.



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Abstract (8)

Title: Percutaneous radiofrequency sympathectomy for treatment of hyperhidrosis: review and case presentation

Author: Sherif M Salem

Affiliation: Department of Neurosurgery, Alexandria University, Alexandria, Egypt

Hyperhidrosis is a common functional disorder of sweating mechanism in both upper and lower limbs in which the sympathetic nervous system overactivity is incriminated. The aim is to evaluate the technique and the results of sympathectomy using radiofrequency ablation. Methodology we use radiofrequency ablation for T2 may be also T3 sympathetic ganglion for upper limbs hyperhidrosis. For lower limbs hyperhidrosis L3 sympathetic ganglion was targeted. Treatment of hyperhidrosis was achieved in most of cases with minimal complications as partial Horner syndrome.



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Abstract (9)

Title: The full potential of intra operative micro electrode recording

Author: Amal Mokeem

Affiliation: King Faisal specialist hospital and research center, Riyadh, Saudi Arabia

The full potential of intra operative micro electrode recording is realized during the performance of so-called functional neuro surgical procedures. During these interventions therapeutic-lesions or stimulating electrode are stereotactically placed within deep brain structures to treat movement disorders such as PD, ET, dystonia, affective disorders, and chronic neuropathic pain. Intra-operative neurophysiology during these cases don't monitor surgical activity, it guides it. Inter-operative recording and stimulation techniques have been developed to aid target localization. Definition of Microelectrode recording (MER): Neurophysiological Technique that detect and amplifies the activity of Individual Single Neural Units. The Food and Drug Administration (FDA) approved Deep brain stimulation (DBS) as a treatment for: Parkinson's disease in 2002. DBS does not cure PD, but it can help manage some of its symptoms and subsequently improve the patient's quality of life. At present, the procedure is used only for patients whose symptoms cannot be adequately controlled with medications, or whose medications have severe side effects. STN Anatomical Targeting by MER (Videos). Stimulation side effects during the operative procedures important to evaluate the target. Safety of DBS Greatly depend on: The quality of the instruments. The method of stereotactic planning the experience of the surgical and neurophysiology team. Complication of DBS can occur During placement of the electrode, Infection or reaction to the electrode, and Breakage of the device. video Examples of Saudi patient before and after the deep brain stimulation.



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Abstract (10)

Title: Experience of Parkinson's disease treatment by deep brain stimulation at neurospinal cancer care institute

Autho: Aurangzeb Kalhoro

Affiliation: Medicare Hospital, Karachi, Pakistan

Introduction:

Parkinson's disease (PD) is a progressive movement disorder that effects the estimated 600,000 people in Pakistan and the treatment option of the patient having the PD are diverse, and ranges from medical management to surgical therapy like radiofrequency (RF) ablation, Gama knife (GK), thalamotomy and deep brain stimulation (DBS). For DBS Globus Pallidus internus pallidotomy and subthalamic nucleus thalamotomy is used for the treatment of PD.

Methods:

We are conducting this study prospectively for duration of last 09 month and doing DBS by careful selection of the nuclei targets.

We use nuclei targets for stimulation by using Leskell G Frame And obtain coordinates by surgiplan software. We implanted the pulse generator device and stimulation leads in 10 patients, out of which 9 were male and one was female .

Results:

After implanting the pulse generator and stimulation leads all 10 patients were improved. Preoperative status and outcome were assessed by using the unified Parkinson disease rating scale (UPDRS III).

Conclusion:

Although there are wide variety of treatment options available for functional cases; our results of stimulating the targets nuclei for PD IS reasonable. As compared to ablation of targets by radiofrequency or by Gama knife, stimulation is reversible and adjustable in carefully selected cases and deep brain stimulation is long term is long term, effective and safe therapeutic option for PD patients.



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Abstract (11)

Title: safety and efficacy of subthalamotomy in the management of advanced Parkinson's disease

Author: Ahmed Rabie

Affiliation: Department of Neurosurgery, Faculty of Medicine, Alexandria University, Egypt.

Introduction: The subthalamic nucleus (STN) is the main target used nowadays for deep brain stimulation in patients with Parkinson's disease (PD). Despite being established in clinical practice for many years, DBS faces many difficulties to be widely used in Egypt especially due to financial issues. This denies many patients from the possibility of improving their symptoms. We propose subthalamotomy as an alternative for those patient in need of surgical management with no possibility to access DBS

Objective; in this study we evaluate the safety, effectiveness, and the functional outcome of subthalamotomy in the management of advanced PD.

Method; We include 30 consecutive patients suffering from idiopathic advanced PD managed by Unilateral subthalamotomy of the STN. Patients were assessed preoperatively and followed up for one year using the Unified Parkinson's Disease Rating Scale (UPDRS) in "on" and "off" medication and "on" and "off" stimulation conditions.

Results; At one-year follow up significant improvement in all the motor aspects of PD (UPDRS III) and in ADL (UPDRS II) in the "off" medication. The "off" medication UDPRS improved by 49.3 %, tremors improved by 81.6 %, rigidity improved 50.0 %, and bradykinesia improved by 39.3 %. The "off" medication UDPRS II improved by 73.8 %. The Levodopa equivalent daily dose was reduced by 54.1 %. The UDPRS IVa score (dyskinesia) was reduced by 65.1 %. The UDPRS IVb score (motor fluctuation) was reduced by 48.6 %. Complications included 2 patients suffered from hypophonia and 3 patients with transient dyskinesia.

Conclusion; Subthalamotomy improves the cardinal motor manifestations of the idiopathic PD. It reduces daily levodopa needs and was associated with few, mainly transient, complications.



2nd Middle - Eastern Society for Stereotactic and Functional Neurosurgery (MSSFN) Conference Cairo 2019

Abstract (12)

Title: Strategy and neurosurgical ablative procedures in the treatment of spastic foot

Authors: L.Mahfouf, B.Merrouche , AB Tirane

Affiliation: Department of neurosurgery, Salim Zemirli hospital, Algiers, Algeria

Introduction: Spastic disorders are sometimes disabling and their treatment can be very challenging. The basic phenomenon underlying spasticity is hyperexcitability of the stretch reflex. Excess spasticity in limb may make residual motor functions passive movement difficult and generates pain. When the spasticity is refractory to optimal oral medication, refractory to physical therapy, the neurosurgical procedure aims to reestablish the tonic balance between agonist and antagonist muscles by reducing the excess of spasticity.

Materials and methods:

The aim of our study was to objectify the functional effects of the tibial neurotomy in the spastic foot. Our material included 171 patients who underwent 198 partial and selective neurotomies of the tibial nerve (27 patients were operated bilaterally). The age of our patients varied between 04 and 56 years. Causes of spasticity were dominated by the cerebral palsy in 97 patients (56.72%), followed by head trauma in 40 cases (23, 39%). Other etiologies are found in the remaining cases.

All patients were selected by a multidisciplinary team according to a clinical evaluation and analytical assessment after a physical rehabilitation protocol well conducted. The preoperative anesthetic block tests were mandatory to select patients for surgery. Neurotomy of the tibial nerve was followed by orthopedic correction in 34 patients during the same surgical procedure. All patients benefited from institutional care program in various rehabilitation centers throughout the country.

Results:

After a mean of 15 years, our results were rated «good to excellent»: 65% of cases walk and run with correct plantigrade support. We observed a clear improvement in comfort in 25% of our patients.

Conclusion:

When pharmacological and physical therapies are not effective in treating spastic components focalized to lower limb, selective tibial neurotomy leads to long-term satisfactory improvement in function and /or comfort with a low morbidity rate in appropriately selected patients suffering from severe harmful spasticity localized to the lower limb. This procedure takes place before the onset of irreversible articular disturbances and musculo-tendinous retractions which require complementary orthopedic corrections.

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NOTES

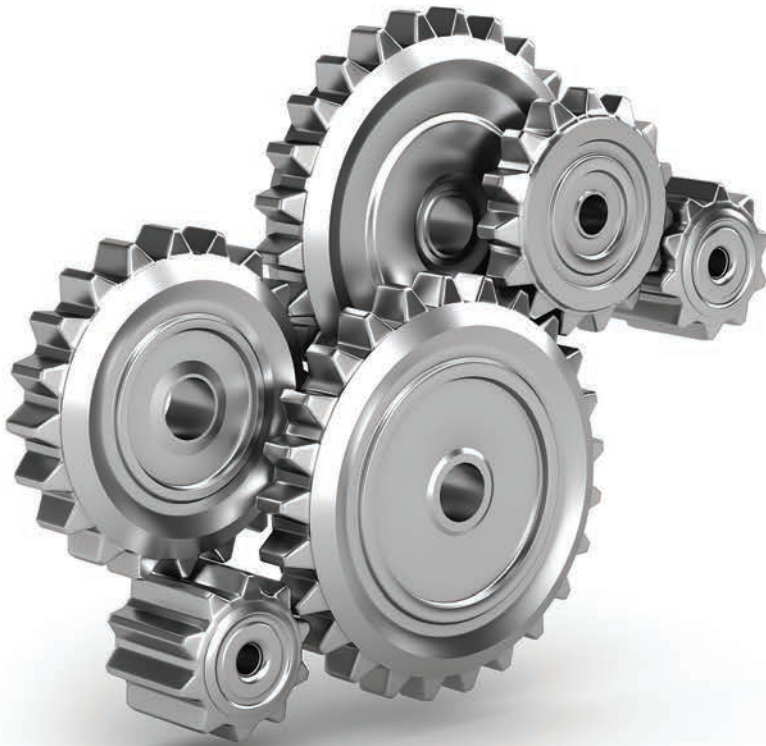
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