34th ANNUAL B.C. NEUROSCIENCE ACADEMIC DAY
Friday March 4, 2011
Paetzold Centre, Vancouver General Hospital

"This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintainance of Certification program of the Royal College of Physicians and Surgeons of Canada, and approved by the Canadian Neurosurgical Society. This activity is accredited for up to 6.0 MOC hours."

Registration:
8:30 – 9:00 (coffee)

Morning Session: Experts in their Field

Moderator: Chris Honey

9:00 – 9:30 "Advances in synaptogenesis:
synaptic organizing complexes link to psychiatric disorders".
Professor Ann Marie Craig, UBC

9:30 – 10:00 "Understanding the controversy surrounding chronic cerebrospinal venous insufficiency in MS"
Dr. Anthony Traboulsee, UBC

10:00 – 10:30 "A community neurosurgeon's approach to spinal disease"
Dr. Mark Matishak, Royal Columbian Hospital

10:30 – 10:45 Coffee

10:45 – 11:45 **2011 Dr. P.D. MOYES LECTURE**

"Meningiomas: Results from a Single Institution Experience 1992-2010"

Michael W. McDermott, M.D.
Professor, Vice-Chairman
Department of Neurosurgery, UCSF
Director, Patient Care Services
Co-Director Skull Base Surgery & Gamma Knife Radiosurgery
Robert & Ruth Halperin Chair in Meningioma Research

12:00 – 13:15 BUFFET LUNCHEON
at Medical Student Alumnae Centre with
B.C. Neurological and Neurosurgical Nurses Association.

13:15 – 14:15 **6th annual Ken Berry Clinical Pathological Conference**
Presenter: **Dr. Jeff Beckman**, neurology
Dr. Tom Zwimpfer, neurosurgery

Moderator: Dr. John Maguire

*****see case history below*****

Afternoon Session: Resident Presentation

14:30 – 14:45 "A Case of Good's Syndrome Presumed Secondary to Metastatic Pancreatic Thymoma in a Patient Presenting with a Myasthenic Crisis Post-Thymectomy" Matthew Kula, PGY2 Neurology

14:45 – 15:00 "Baseline Characteristics and Functional Outcome in Pontine Infarcts: Observations from the Secondary Prevention of Small Subcortical Strokes (SPS3) Trial"
Thalia Field, PGY4 Neurology

15:00 – 15:15 "Post-Thrombolysis Hemorrhage Risk of Cerebral Microbleeds"
Ashkan Shoamanesh, PGY4 Neurology

15:15 – 15:30 "Frameless Stereotactic Radiosurgery For Brain Metastases - The BCCA Expereience." Tamir Ailon, PGY5 Neurosurgery

15:30 – 15:45 "Sensory symptoms of Vestibular Schwannoma: Anatomic causes?"
Albert Tu, PGY2 Neurosurgery

15:45 – 16:00 ""A systematic review of intracranial pressure monitoring.""
Chris Gillis, PGY3 Neurosurgery

16:00 – 16:15 "Influence of the Level and Severity of Spinal Cord Injury on Cardiovascular Outcomes in Humans: a meta-analysis."
Patricia Mills, PGY5 Physical Medicine and Rehabilitation

16:00 ADJOURNMENT

6th annual KEN BERRY CLINICOPATHOLOGICAL CONFERENCE

Clinical Summary :

A 66-year-old woman was found by the police, driving in the dark with no headlights. She was considerably confused and disoriented. Apparently, she had been missing for about two weeks and was described as being a long term “eccentric”, with odd behavior recently. She was admitted to hospital.

She was malnourished, and was found to have decreased protein, albumin, calcium, magnesium, and osteoporosis. She had a history of progressive weight loss, diarrhea, confusion, depression, and became withdrawn. She had a past history of weight loss and “non-deficiency anemia” which was not responsive to iron. Sixteen years previously, she had gastric biopsies which showed acute inflammation, and duodenal biopsies that were consistent with “coeliac sprue”. She stated that she had done well on a gluten-free diet and was careful until about 18 months ago, when her symptoms recurred with diarrhea. She was placed on Prednisone for protein loss. She had also been on Azathioprine. An upper endoscopy confirmed monilial esophagitis, treated with Diflucan. A duodenal biopsy was performed, and this was described as showing features of “celiac disease”. There was no evidence of lymphoma.

A CT showed a central brain mass originating in the left anterior thalamus, extending to the right of midline, associated with moderate edema, compression and deviation. An MRI of the brain was described as showing an irregular mass in the left thalamus (1.6 X 1.5 X 2.0) showing irregular rim enhancement with probable central necrosis and associated edema, occupying the thalamus and left lentiform nucleus, extending into the middle of the cerebral peduncle and left optic tract. The lesion extended slightly to the right of midline, where it compressed and displaced a portion of the third ventricle, extending through to the right thalamus. Edema was also noted in the right globus pallidus and anterior thalamus. CT of chest, abdomen, and pelvis showed no evidence of metastatic disease. A lumbar puncture was described as being “unhelpful in the diagnosis”. CSF for 14-3-3: Positive.

She had stereotactic left frontal biopsies. Microscopic features of these biopsies indicated areas of necrosis, perivascular inflammatory infiltrates that were predominantly chronic, with occasional polymorphonuclear lymphocytes, macrophages, and gliosis. No obvious features of a neoplastic process were seen. Special stains for infectious organisms, including immunohistochemistry for toxoplasmosis, were negative. As an infectious process was still considered in the differential, external consultation was obtained. Postoperatively, there was difficulty controlling her electrolytes, with hyponatremia and hypokalemia. Her delirium settled over time.

After consultation with her family, it was decided that her care would be palliative, and she was transferred for hospice care. She died four months after her initial hospitalization, six weeks after her brain biopsies.