Nationwide Children's Hospital/OSU

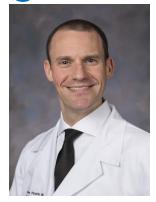
Pediatric Neurosurgery Program



Jeffrey Leonard, MD Neurosurgery Chief



Albert Isaacs, MD, PhD



Jonathan Pindrik, MD



Ammar Shaikhouni, MD, PhD



Eric Sribnick, MD, PhD



Michelle Wedemeyer, MD, PhD





Nationwide Children's Hospital/OSU Multidisciplinary Programs

- Neuro-Oncology
- Epilepsy Surgery
- Craniofacial
- Surgical Spasticity Management
- Neurotrauma



- Honor Roll for the past nine years
- Top 10 in Neurology and Neurosurgery for past six years
- Hydrocephalus/Spine/Peripheral Nerve
- Research



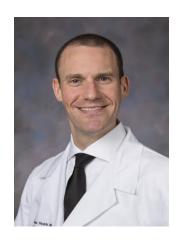


Nationwide Children's Hospital/OSU

Multidisciplinary Programs

• Surgical Neuro-Oncology Team: All of us (to varying degrees)...



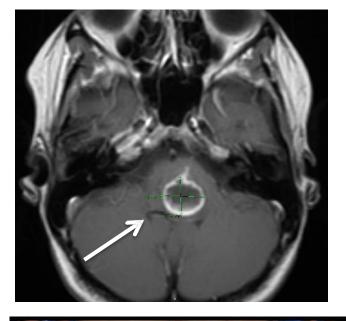


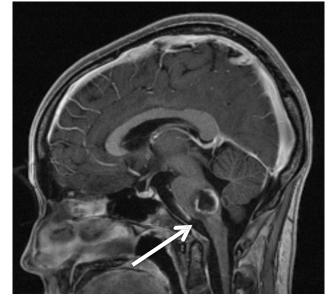




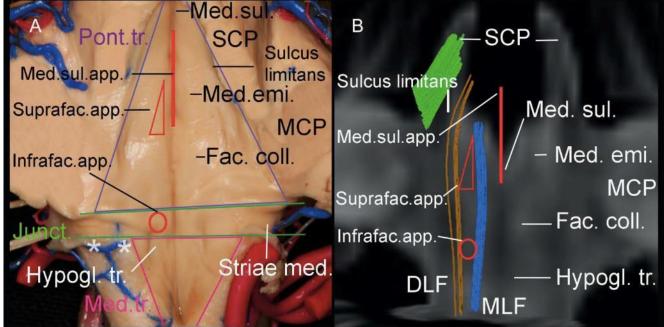


Complex Intrinsic Brainstem Tumors

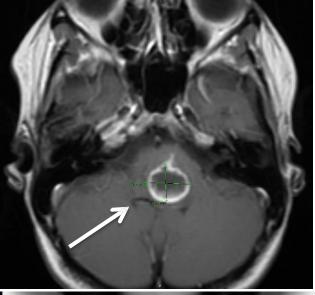


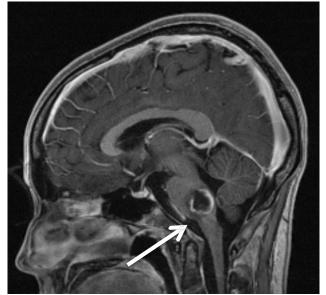


Monitoring of Brainstem Nuclei

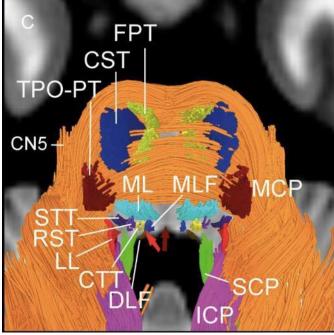


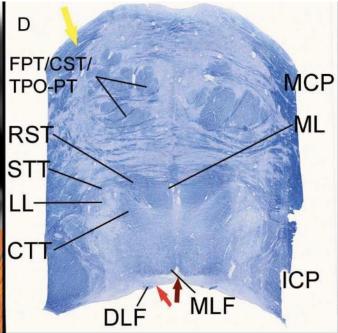
Complex Intrinsic Brainstem Tumors





Monitoring of Brainstem Nuclei

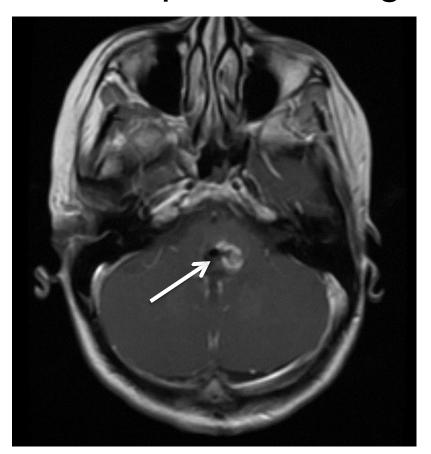


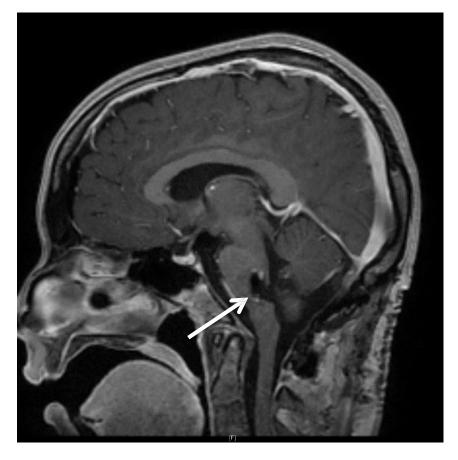






Post-operative Images & Follow-up 6 months





A small amount of enhancement was left due to activity of the 7th cranial nerve on the left and the diagnosis of pilocytic astrocytoma





Far From Home and Battling Brain Cancer: Agustin's Story

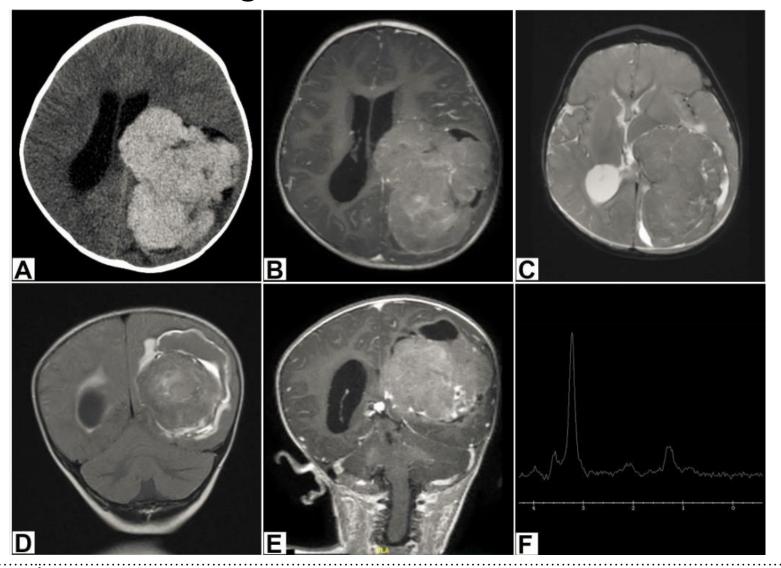


Click for Video





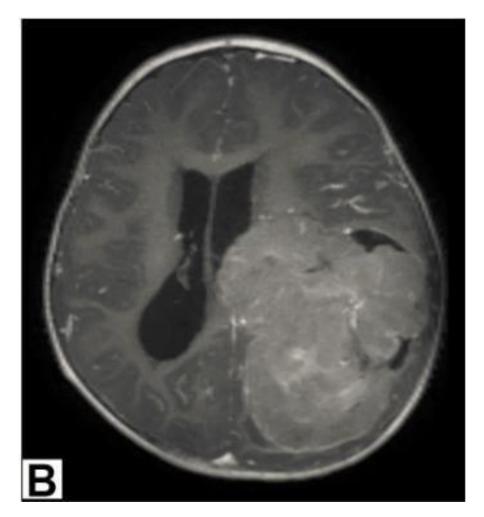
Large Intra-Axial Tumors

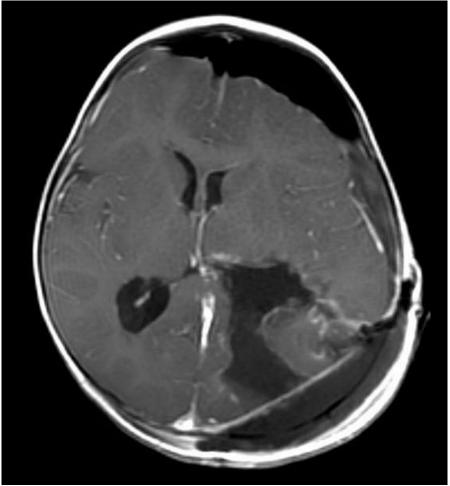






Pre- & Post-Operative Imaging







Staging of Procedures: Blood loss

* Special consideration of blood volume/losses in

pediatric cases

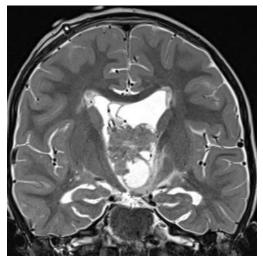
Estimated blood volume		Weight	Volume
Preterm Neonate	100 mL/kg	1.5 kg	150 mL
Full term Neonate	90 mL/kg	3.5 kg	315 mL
< 1 year old	80 mL/kg	10.5 kg	840 mL
1-12 year old	75 mL/kg		
Adolescent and adults	70 mL/kg		

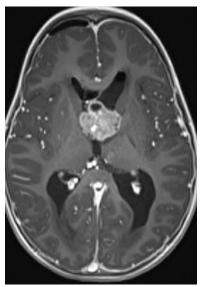


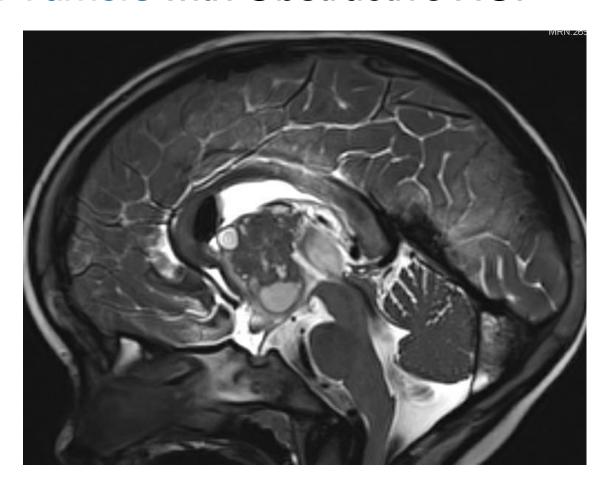




Intra-Ventricular Tumors with Obstructive HCP



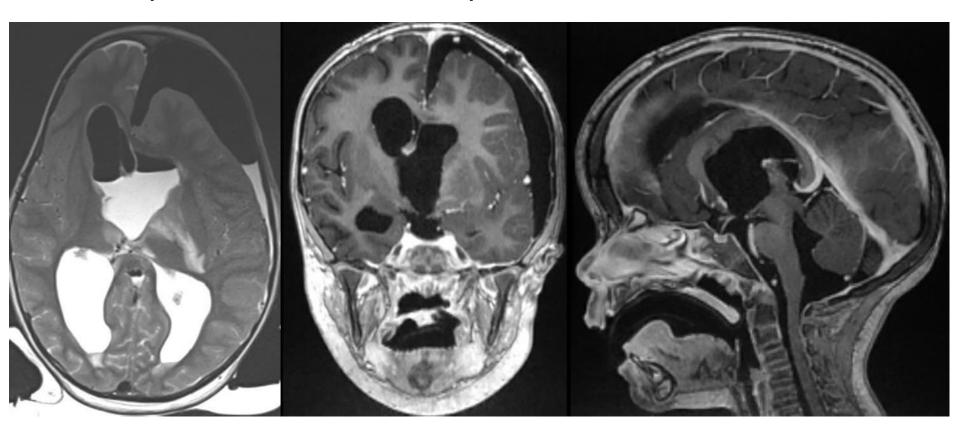




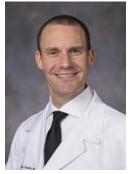


Intra-Ventricular Tumors with Obstructive HCP

Intra-Operative MRI & Post-Operative MRIs with GTR









Pediatric Neurosurgeons:

- Ammar Shaikhouni, MD, PhD (Surgical Dir)
- Jonathan Pindrik, MD
- Jeffrey Leonard, MD (Neurosurgery Chief)









Pediatric Neurologists/Epileptologists:

- Adam Ostendorf, MD (Medical Dir)
- Monica P. Islam, MD (Center Dir)
- Stephanie Ahrens, DO
- Christopher Beatty, MD





- Multi-Disciplinary Team
 - •Neurosurgeons, Neurologists/Epileptologists, Neuroradiologists
 - Neuropathologists, Neuropsychologists, Rehabilitation
 Specialists
 - •EEG technicians, Social Work, Nurses/NPs, Coordinators
 - Weekly Epilepsy Management Conference
- NAEC Level IV Epilepsy Center—Highest distinction
 - >3650 epilepsy patients
 - >= 1400 new evaluations/year
 - 53 Epilepsy Surgery patients (excluding VNS) in 2022
- Fully equipped Epilepsy Monitoring Unit (EMU)
 - Phase I studies: 80-90/year, and growing...
 - Phase II studies: >20/year, and growing...





- Surgical Modalities: Stage I Surgery
 - Standard Craniotomy with Subdural (SD) Grid/Strip Electrodes



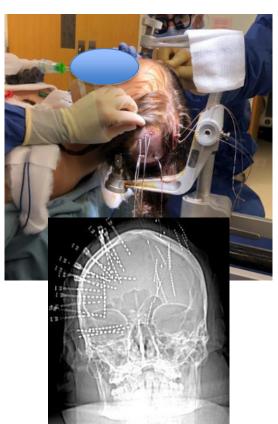


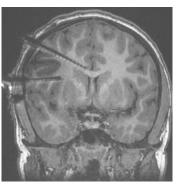


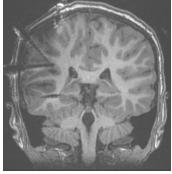
- Surgical Modalities: Minimally Invasive, Stage I
 - •Stereotactic EEG (SEEG) with Robotic Stereotactic Assistance (ROSA)

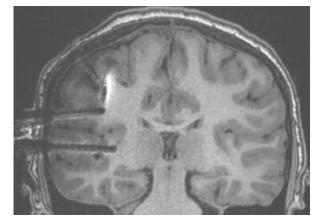
















- Surgical Modalities: Single Stage or Stage II Surgery
 - Curative: Standard Craniotomy for Anatomic Resection
 - Motor Mapping, SSEPs, Phase Reversal, Intra-Op ECog

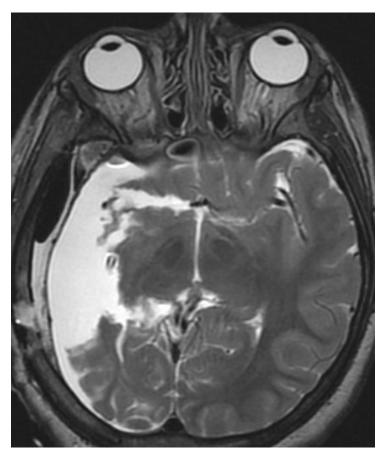








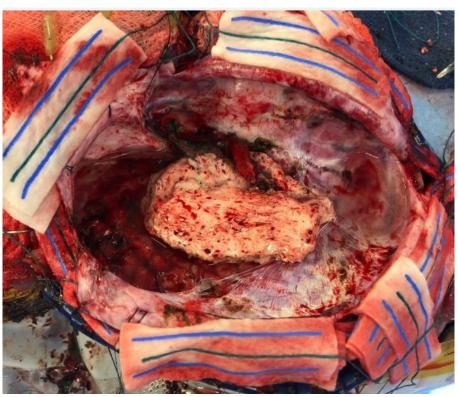
- Surgical Modalities: Single Stage Surgery
 - Curative: Functional Hemispherotomy

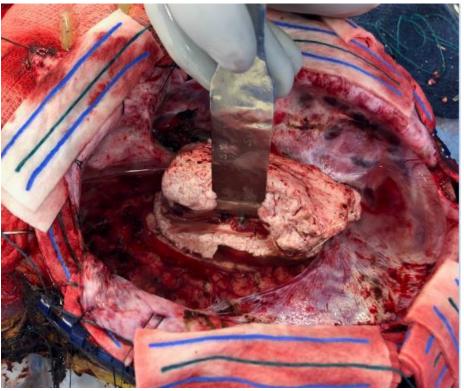




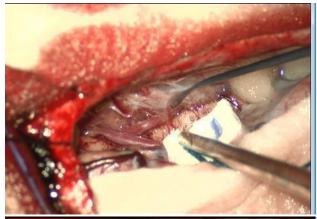


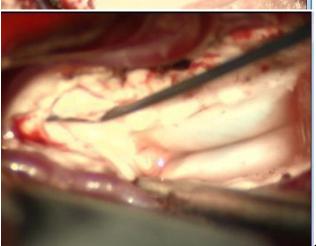
- Surgical Modalities: Single Stage Surgery
 - Curative: Anatomic Hemispherectomy

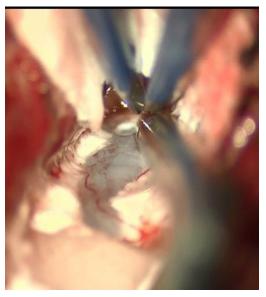


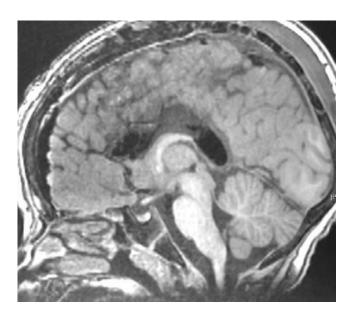


- Surgical Modalities: Single Stage Surgery
 - Palliative: Corpus Callosotomy, VNS



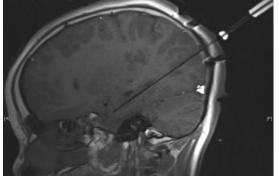


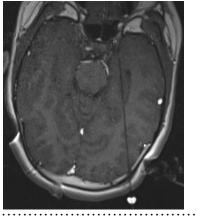




- Surgical Modalities: Single Stage or Stage II Surgery
 - •Minimally Invasive: MRI-guided Laser Interstitial Therapy (MRIgLITT) or Stereotactic Laser Ablation (SLA)

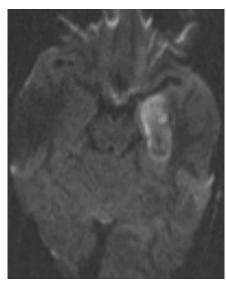




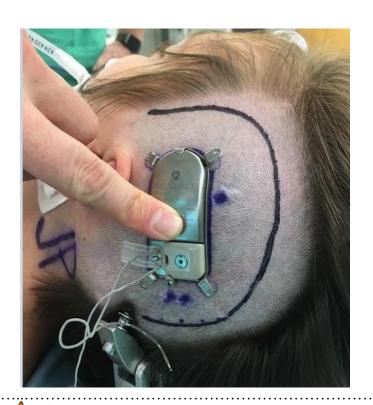








- Surgical Modalities: Stage II Surgery
 - •Neurostimulation: Responsive Neurostimulator (RNS), 1st hospital in Ohio to implant a RNS in a pediatric patient

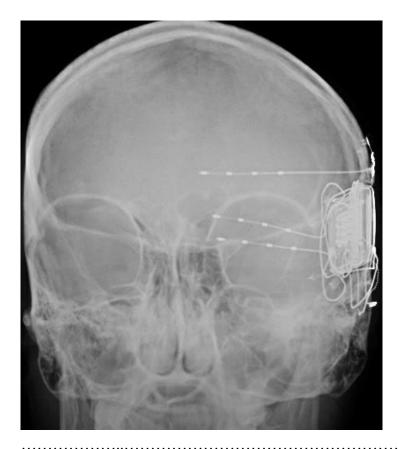


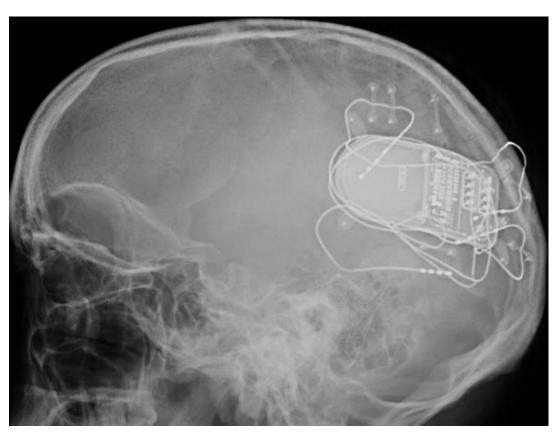




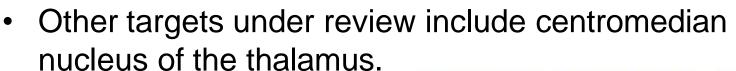


- Surgical Modalities: Single Stage or Stage II Surgery
 - Neurostimulation: Responsive Neurostimulator (RNS)





- Deep Brain Stimulation (DBS)
- First pediatric hospital in Ohio to implant a deep brain stimulator for intractable epilepsy
- Target: anterior thalamic nucleus (ATN)

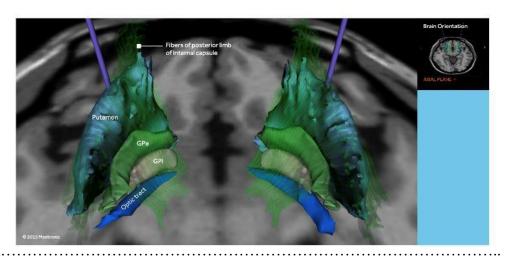




Ammar Shaikhouni, MD, PhD



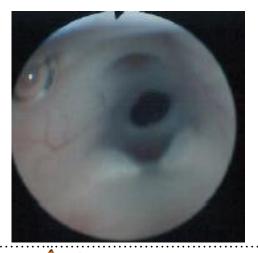
GPI: EFFECTIVELY-PLACED BILATERAL LEADS



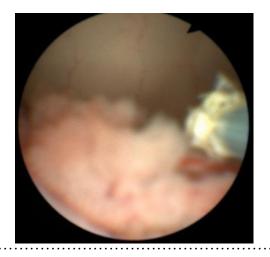




- Clinical/Operative Volume
 - Large pediatric hydrocephalus population: ~1500 patients
 - High surgical volume
 - •200-230 cases/year for hydrocephalus
 - Average 16-19 cases/month for hydrocephalus
- All Surgical Modalities: Shunt, ETV, ETV/CPC, Endoscopic Fenestrations, VAD/VSGS

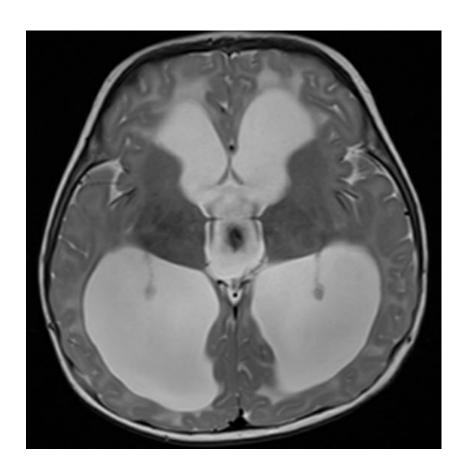


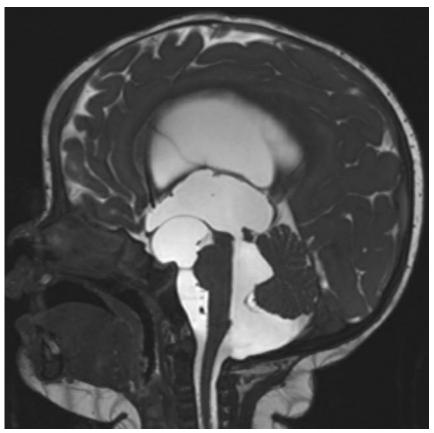




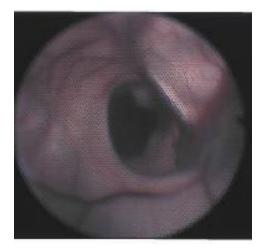


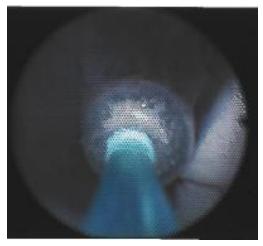


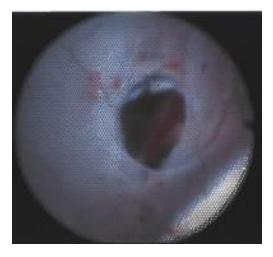


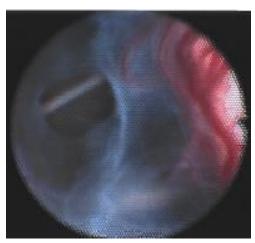


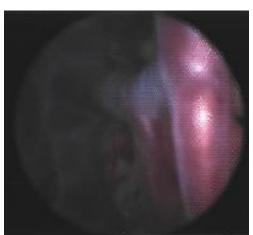




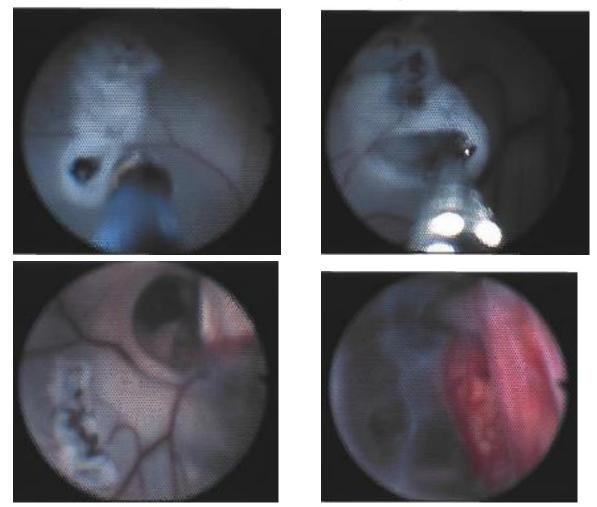






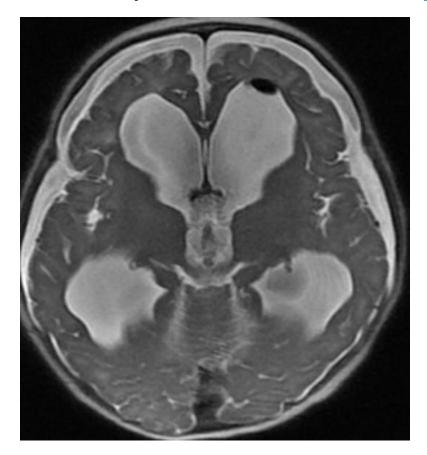


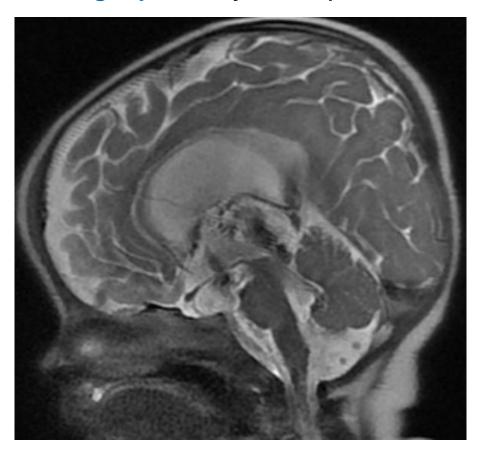




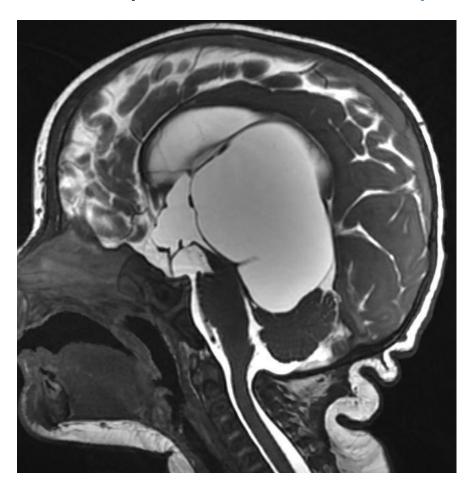






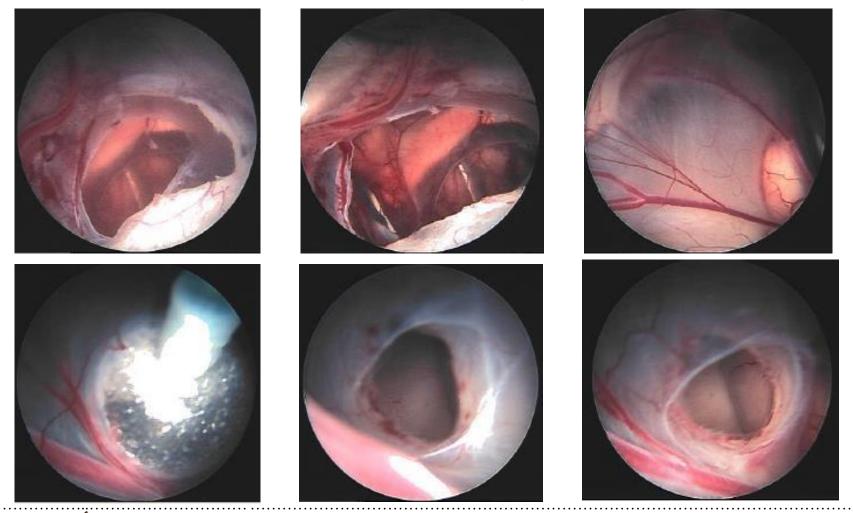






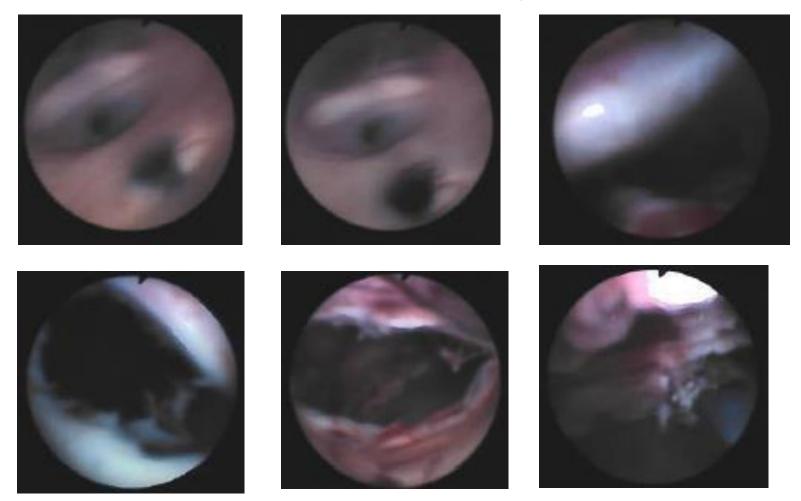


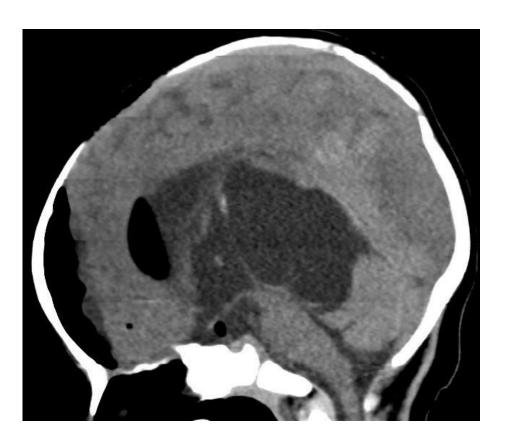








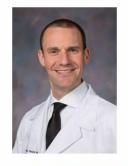








Craniofacial Physician Team







Gregory D. Pearson, MD, FAAP, FACS Pediatric Plastic & Reconstructive Surgery

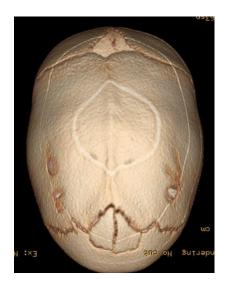


Ibrahim Khansa, MD FAAP FACS Pediatric Plastic & Reconstructive Surgery

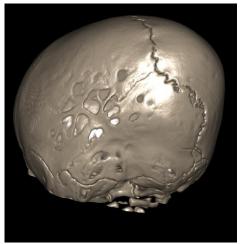


- Ophthalmology, ENT, OMFS, Orthodontics and many others
- 40-45 cases per year

Craniofacial Surgery: Types of Synostosis



Sagittal Craniosynostosis



Lambdoid Synostosis

'ionwide Children's[®]

When your child needs a hospital, everything matters.



Unilateral Coronal Synostosis



Metopic Synostosis

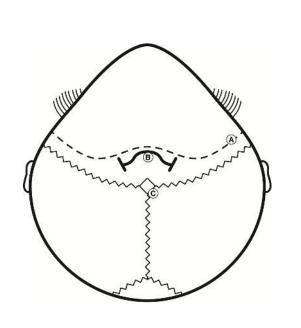


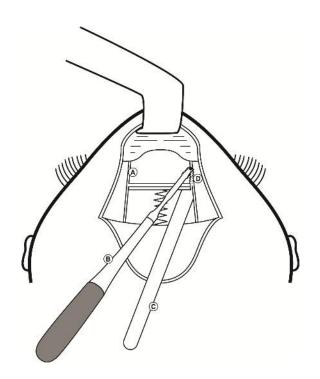
Craniofacial Surgery: Types of Treatment

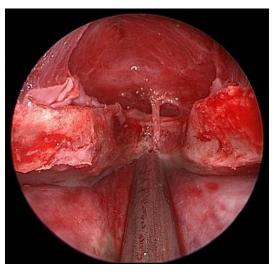
- Minimally Invasive
 - Strip Craniectomy
 - With/without Spring placement
 - Post-operative Helmeting
 - Posterior Cranial Vault Distractors
- Standard Open Surgery
 - Anterior Cranial Vault Reconstruction (CVR)
 - Fronto-Orbital Advancement (FOA)
 - Posterior Cranial Vault Reconstruction (CVR)



Minimal Invasive Strip Craniectomy







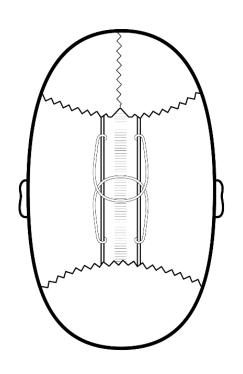


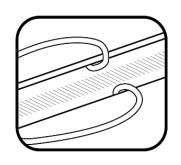
Illustrations by Olivier Robidoux © (figures for manuscript in submission for publication)





Minimally Invasive Strip Craniectomy & Springs





Spring-Assisted Cranioplasty for Sagittal Synostosis

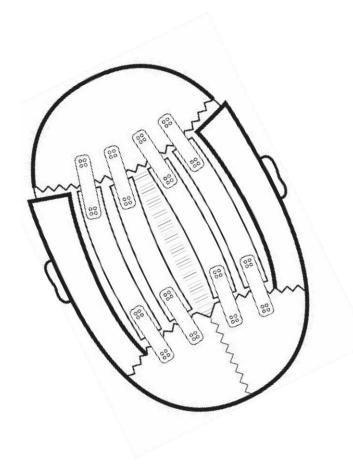
Note the placement of two omegashaped tension springs across the sagittal synostectomy defect.

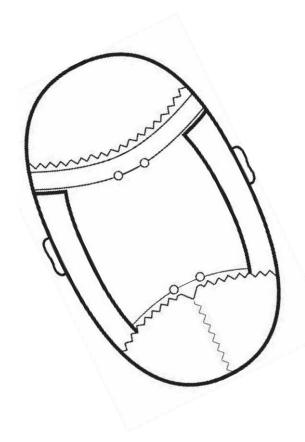
Illustrations by Olivier Robidoux ©





Open Posterior CVR (Multiple Options)





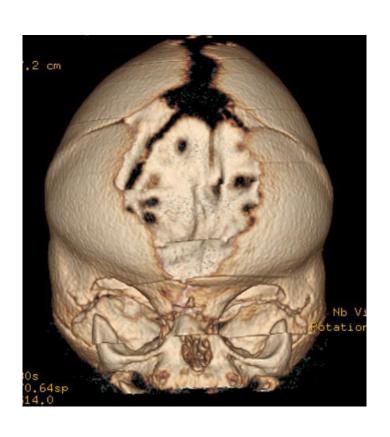
Illustrations by Olivier Robidoux ©





Apert Syndrome

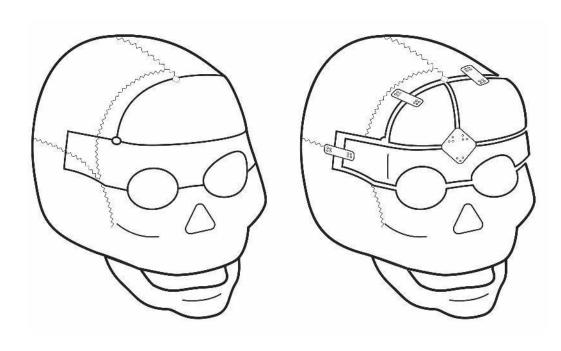
Bilateral Coronal Craniosynostosis

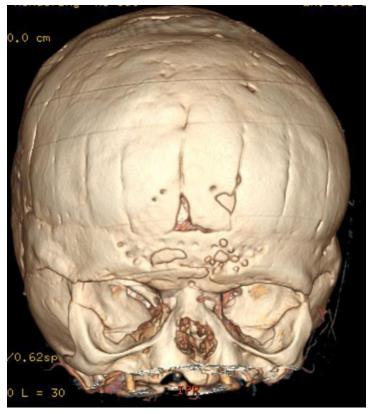






Anterior CVR & Fronto-orbital Advancement





Illustrations by Olivier Robidoux ©

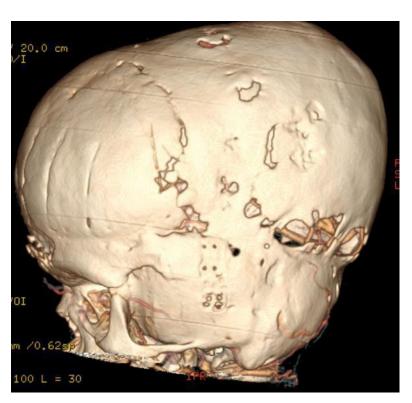




Apert Syndrome



Pre-op



Final post-op



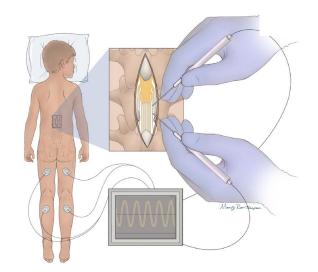


Cerebral Palsy (CP) and Spasticity

Program: Selective

Dorsal Rhizotomy

(SDR)





Cerebral Palsy

Non-progressive disturbances in the developing fetal or infant brain

Hypertonia accompanied by loss of selective motor control, muscle weakness

Secondary musculoskeletal problems



SDR (Conus Rhizotomy)

- Operative Procedure
 - -Partial (60-75%) deafferentation of L1-S2
 - -EMG testing of nerve roots
- Park Modifications
 - -Single (L1) or Two-Level Laminectomy (minimally invasive)
 - -Ultrasound localization of conus
 - -Rootlets are sectioned that have response beyond their myotomes

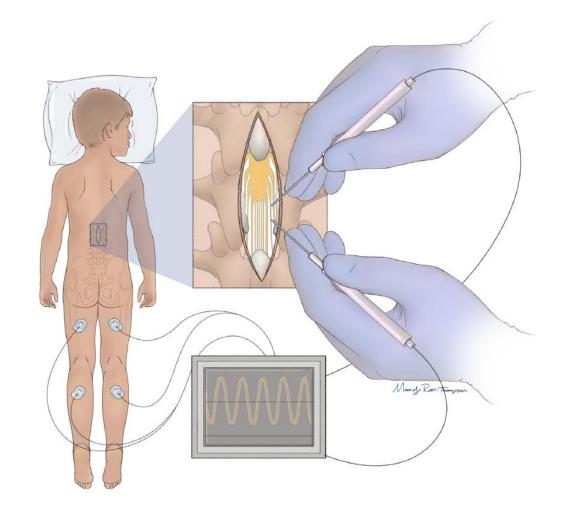




Selective Dorsal Rhizotomy (SDR)

SDR is done in a single operation at Nationwide Children's.

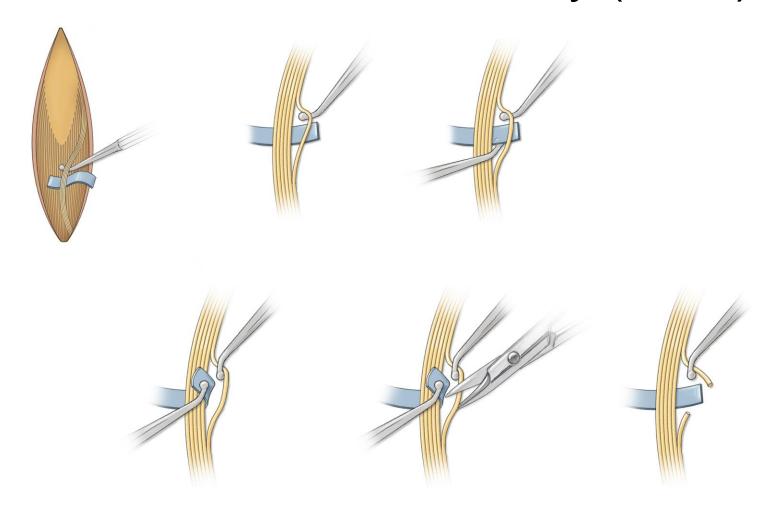
The procedure takes about 4 hours.







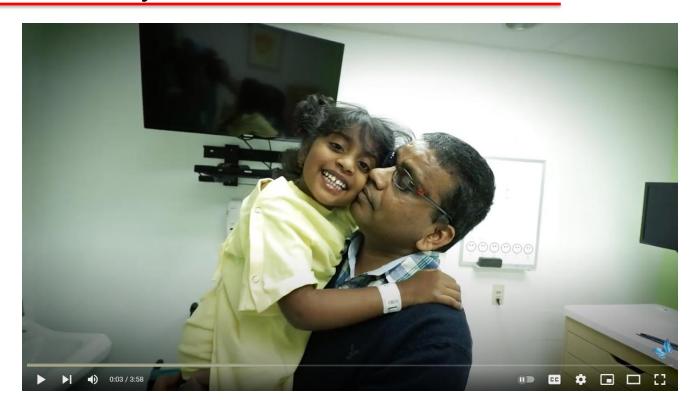
Selective Dorsal Rhizotomy (SDR)







Selective Dorsal Rhizotomy (SDR): Bhoomi's Story



Click for Video





Nationwide Children's Neurotrauma Program





Pediatric Neurosurgeons:

- Eric Sribnick, MD
- Jeffrey Leonard, MD (Neurosurgery Chief)









Pediatric Trauma Team:

- Rajan Thakkar, MD (Medical Director for Trauma
- Dana Schwartz, MD (Associate Medical Director for Trauma)
- Jennifer MacDonald, MD, PhD (PICU Trauma Liaison)
- Morgan Wurtz, DO (Emergency Department Trauma Liaison)





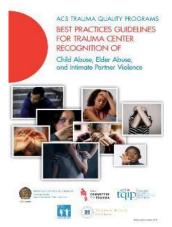
Neurotrauma Program



One of first pediatric centers to apply neurotrauma activation



One of the largest Freestanding Level 1 trauma centers



Involvement in local and national neurotrauma guidelines



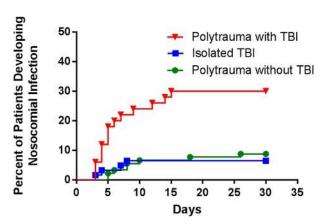
One of the largest pediatric neurocritical care groups



Multi-disciplinary neurotrauma research regarding coagulopathy, critical care, immunology, abuse, and seizure

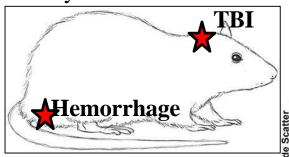


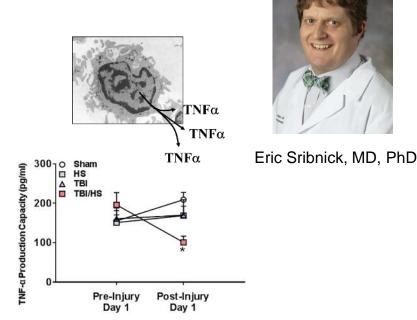
Neuroimmunology and Trauma Research



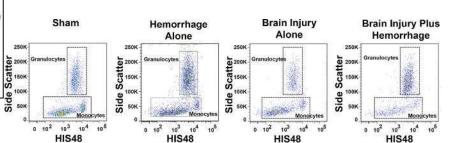
Sribnick et al. Pediatr Crit Care Med. 2020:21(5):443-450.

Polytrauma Rat Model





Sribnick et al. J Neuroimmunol. 2019; 337:577073







Nationwide Children's Institute for Genomic Medicine Research

 Progenitor Populations of the Developing Human Hindbrain



Michelle Wedemeyer, MD, PhD

- Using Single Cell Omics to Identify New Targets for Brain Tumors
- Methylation Array Based Classification of Brain Tumors
 - Modern methods of DNA methylation-array based classification of brain tumors has been shown to both outperform traditional immunohistochemical classification and to identify previously unrecognized subclasses of tumor



Nationwide Children's Hydrocephalus Research

- Member, Hydrocephalus Clinical Research Network (HCRN)
 - -14 North American Academic Children's Hospitals
 - -Nationwide Children's Site PI: Jonathan Pindrik, MD
- Multi-Institutional Clinical Trials (NIH/PCORI Funded)
 - CSF Shunt Entry Site Trial
 - Endoscopic vs. Shunt Treatment of Hydrocephalus in Infants (ESTHI) Trial
- Primary Site for Recent HCRN Registry Study & Manuscript

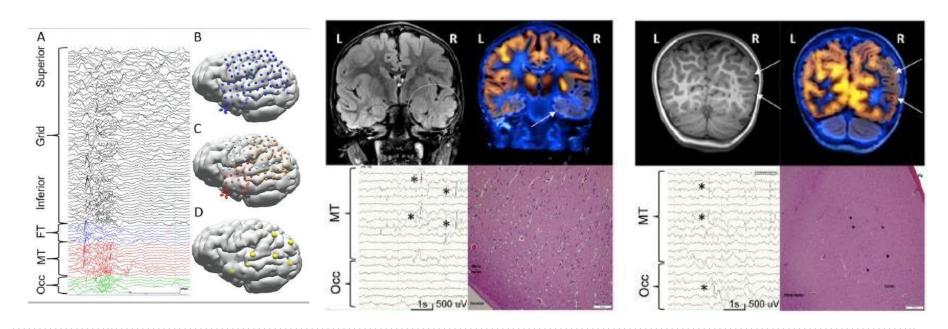
Surgical Resource Utilization after Initial Treatment of Infant Hydrocephalus: Comparing Endoscopic Third Ventriculostomy (ETV), Early Experience of ETV with Choroid Plexus Cauterization, and Shunt Insertion in the Hydrocephalus Clinical Research Network

Jonathan Pindrik, MD, ¹ Jay Riva-Cambrin, MD, MSc, ² Abhaya V. Kulkami, MD, PhD, ³ Jessica S. Alvey, MSc, ⁴ Ron W. Reeder, PhD, ⁴ Ian F. Pollack, MD, ⁵ John C. Wellons, III, MD, MSPH, ⁶ Eric M. Jackson, MD, ⁷ Curtis J. Rozzelle, MD, ⁸ William E. Whitehead, MD, MPH, ⁹ David D. Limbrick, MD, PhD, ¹⁰ Robert P. Naftel, MD, ⁶ Chevis Shannon, MBA, MPH, DrPH, ⁶ Patrick J. McDonald, MD, MHSc, ¹¹ Mandeep Tamber, MD, PhD, ¹¹ Todd C. Hankinson, MD, ¹² Jason S. Hauptman, MD, PhD, ¹³ Tamara D. Simon, MD, MSPH, ¹³ Mark D. Krieger, MD, ¹⁴ Richard Holubkov, PhD, ¹⁵ and John R.W. Kestle, MD, MSc, ⁴ for the Hydrocephalus Clinical Research Network





- Multidisciplinary Research
 - Somatic Mutations in Epilepsy with Institute for Genomic Medicine (IGM)
 - Somatic *SLC35A2* mosaicism correlates with clinical findings in epilepsy brain tissue. *Neurology: Genetics*







- Multidisciplinary Research
 - Quality Improvement (QI) initiative to augment pre-op evaluation and increase number of epilepsy surgeries per year
 - Nationwide Children's Epilepsy Surgery Cure Me Initiative
 - Evaluation & Surgical Management of Infants & Toddlers with Drug Resistant Epilepsy (DRE)



Neurosurg Focus 45 (3):E3, 2018

Preoperative evaluation and surgical management of infants and toddlers with drug-resistant epilepsy

*Jonathan Pindrik, MD,^{1,2} Nguyen Hoang, MD,² Luke Smith, MD,² Mark Halverson, MD,³ Mary Wojnaroski, PhD,⁴ Kelly McNally, PhD, ABPP,⁴ Satyanarayana Gedela, MD, MRCP,⁵ and Adam P. Ostendorf, MD⁵





- Multi-Institutional Research Projects
 - MRI-guided Laser Interstitial Thermal Therapy (MRIgLITT) Registry
 - Primary Site: Hospital for Sick Children (Toronto, CA)
 - Nationwide Children's Site PI: Jonathan Pindrik, MD
 - Descriptive Analysis of Diagnostic and Surgical Resources available at Major Epilepsy Centers through NAEC
 - Clinical Outcomes Research among Major Epilepsy Centers through Pediatric Epilepsy Research Consortium (PERC)



Multidisciplinary Research

- Cognitive Impact of Intracranial Epilepsy Surgery
- Radiographic Predictors of Seizure/Functional Outcomes following Corpus Callosotomy
- Impact of Etiology in Children with Cerebral Palsy (CP) and DRE undergoing Hemispherotomy/Hemispherectomy



Abstract Title: Impact of Etiology in Children with Cerebral Palsy (CP) and Medically Intractable Epilepsy (MIE) Undergoing Hemispherotomy/Hemispherectomy





Nationwide Children's Neuro-Oncology & Chiari Research

- Multidisciplinary Research & Laboratory Benchwork
 - Collaboration with Institute for Genomic Medicine (IGM)
 - Multicenter Collaboration for Craniopharyngioma
 - Immune Cell Infiltrates after Viral Tx for Medulloblastoma
- Chiari I Malformation and Genetics Study



The Institute for Genomic Medicine currently has more than

180 faculty and staff



Institute for Genomic Medicine Clinical Laboratory reported

13,000+ clinical assays



100 +

Intensive Care Unit (ICU) patients received rapid-turnaround whole genome sequencing (rGS) due to critical illness cause by suspected genetic conditions





Nationwide Children's Quality Improvement (QI) Projects

- pRBC Availability during Craniosynostosis Surgery
- Cerebral Palsy Health Equity
- Fulminant Intracranial Hypertension (FIH)
 Pathway
- Augmenting Pre-Operative Evaluation for Pediatric Epilepsy Surgery Patients (NCH Epilepsy Surgery Cure Me Initiative)



- Multidisciplinary Programs
- Multiple Unique
 Operative Experiences
- Robust Research Programs
- Consistently ranked as a top 10 program by USNWR!



- Honor Roll for the past nine years
- Top 10 in Neurology and Neurosurgery for past six years





 Collaborative colleagues with diverse backgrounds and interests... And all friends ©...





• Attendings, Fellows, Residents and more!



Friendly and Fun!















 Building relationships both in and outside of NCH!







 Playing Cards and Sitting Skybox at Columbus Blue Jackets Games..



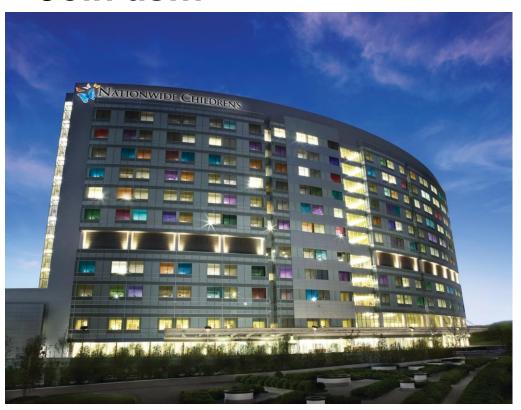




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Pediatric Neurosurgery Fellowship

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