

Report for RCPS Glasgow Travelling Scholarship – Jan 2007

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I am currently appointed as a neurosurgeon with special interests in complex spinal and skull base surgery. I trained under Professor Alan Crockard who pioneered anterior skull base approaches through the mouth and face, for example, for tumours of the skull base or rheumatoid basilar impression. However these operations are not without complications, and I was impressed by the results of transnasal approaches to the skull base which have been developed by Drs Amin Kassam (neurosurgery) and Carl Snyderman (ENT) at the University of Pittsburgh Medical Center (UPMC), USA.

The travelling fellowship was used to fund a week's trip to UPMC which started with a three day cadaveric and lecture course (Saturday to Monday), followed by observation of their routine clinical practice over the remainder of the week. The course followed the early starts and late finishes that would be familiar to most US but not UK registrars: the first day finished at 9pm, and lectures started with a "working breakfast" at 7.00am. It is fortunate that European Time Directives do not apply to study-leave!

The course started with the easier concept of trans-nasal pituitary surgery, and as the days progressed, the modules became anatomically and technically more complex, moving to the ethmoids, anterior cranial fossa, clivus, perisellar carotid and medial petrous apex regions. The cadaveric course was of a high standard, using unfixed specimens, with endoscopic and frameless stereotactic equipment that was superior to that found in most NHS theatres. There was ample time to study the relevant anatomy and perform the approaches which were discussed in the lectures.

The Tuesday after the course was a free day, with no operations to observe. This was a good chance to explore all that Pittsburgh had to offer. An hour later, I realised that the surgeons spent so much time in the hospital because there actually wasn't much else to do in Pittsburgh. From Wednesday to Friday, I observed several operations, including endoscopic pituitary surgeries, removal of an aesthesioneuroblastoma, and a large olfactory groove meningioma. Although these endoscopic operations took longer and were more technically demanding than their open counterparts, the post-operative recovery was much quicker and patients went home within a few days.

Overall the trip was very educational, and taught me much about indications for endoscopic surgery, the technical aspects, and complications. With this knowledge, the practice of endoscopic skull base surgery can be made safer, and patient selection more appropriate. I greatly value my time at the University of Pittsburgh Medical Centre and am very grateful to Drs Kassam and Snyderman, and the Royal College of Physicians and Surgeons of Glasgow for help with financing the trip.