Abstracts of Papers Presented at the 95th Meeting of the Society of British Neurological Surgeons Held at Plymouth on 5 and 6 April 1979

Collected by

P. R. R. Clarke


The paper reviewed twelve cases of clinical interest collected since the inception of the Unit in 1964. Unusual modes of injury to the venous sinuses were illustrated, and some of the possible later results of such trauma to these structures were demonstrated.

Methods of treatment and investigation were discussed, including muscle embolisation of carotico-cavernous fistula and the successful excision of a Vein of Galen aneurysm in a male baby presenting with increasing head circumference.


Seven of 48 consecutive adult patients with chronic subdural haematomas suffered progressive neurological deterioration despite repeated burr hole drainage and, in some cases, craniotomy and subdural membranectomy. These patients were treated by excision of the cranial vault overlying the recurrent haematoma. Although six of these seven patients were comatose immediately prior to calvariectomy, there were no deaths in the series, and the majority of patients eventually recovered to the most favourable outcome grade. Selection of patients for calvariectomy, mechanisms responsible for the efficacy of this procedure, and limitations of this study were discussed.


Syringomyelia occurs as a late complication of cord transection in a small number of paraplegics. Hyperhydrosis is an early prominent feature of the disease. Three cases are presented to illustrate this pathology. In the first patient, excessive sweating was the presenting complaint, in the second the effect of surgery on the sweating was observed, and in the third the pathological changes were noted when the cord was examined at necropsy. The clinical and pathological significance of the features of the disease were discussed.

Eighty-three patients with lumbar puncture proved diagnosis of spontaneous SAH were given EACA. Eighty-two patients with SAH were not given any antifibrinolytic drug and form the group for comparison (control group). These two groups were comparable in age and sex distribution, in the interval between SAH and admission to the Neurosurgical unit, in the neurological grading at the time of admission, and in the distributions of the lesions found on angiograms.

The dose of EACA was 36 gm per day in six equal doses. The clinical management of the patients was similar. Twenty-six percent of patients in the control group had recurrent haemorrhage, and 45% of these patients died. The rate of recurrent haemorrhage in patients receiving EACA was 4%, and 33% of those who had recurrent haemorrhage died. No serious side-effect resulted. EACA was found to be an effective and safe agent in markedly reducing the early recurrence of SAH.


Cerebral arterio-venous malformations represent a threat to life and health. Not all cases are suitable for radical extirpation. Radiotherapy has been abandoned as ineffective by most neurosurgeons. Stereotactic radiosurgery offers precise localisation of single doses of radiation with optimal isodose configurations.

To date 59 patients have been treated by this method in Stockholm. In the 28 cases in which it was possible to irradiate the whole malformation and who have been followed more than six months 15 lesions have been completely obliterated and 11 partially so far. The place of this method in the future was discussed.


The authors reviewed a personal series of 16 giant pituitary adenomas selected from 117 cases (13.6% incidence) operated on during the last ten years. The criteria for selection were as follows:

1. Massive suprasellar extension reaching more than 4 cm above the jugum sphenoidale or within a distance of 0.6 cm of the foramina of Munro.
2. Large tumour extensions in more than two directions.
3. All patients were treated surgically by a single team with one surgical and anaesthetic technique. The operative mortality was 18.7% (3 patients).

Multidirectional extension and invasive spread are important features of these tumours. Operability cannot be established merely by determining the size of the most prominent part of the tumour. The direction and size of each extension, any involvement of major cerebral vessels, and the degree of compression of basal structures should be evaluated before planning treatment. Detailed radiological study usually includes plain X-rays, computer tomography, angiography, and air

* Royal Infirmary, Sheffield.