



## **WEBINAR #12**

### **SURGICAL TREATMENT FOR PATHOLOGICAL AGGRESSIVENESS**

*By Clement Hamani, Cristina Torres, Adriana Lopez*

*Feb 22th, 2022*

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### **Clement Hamani**

Sunnybrook Research Institute, Centre of  
Neuromodulation, Hurvitz Brain Science  
Center, Toronto, ON, Canada



### **Cristina V Torres**

Department of Neurosurgery, University  
Hospital La Princesa, Hospital Ruber  
Internacional  
Madrid, Spain

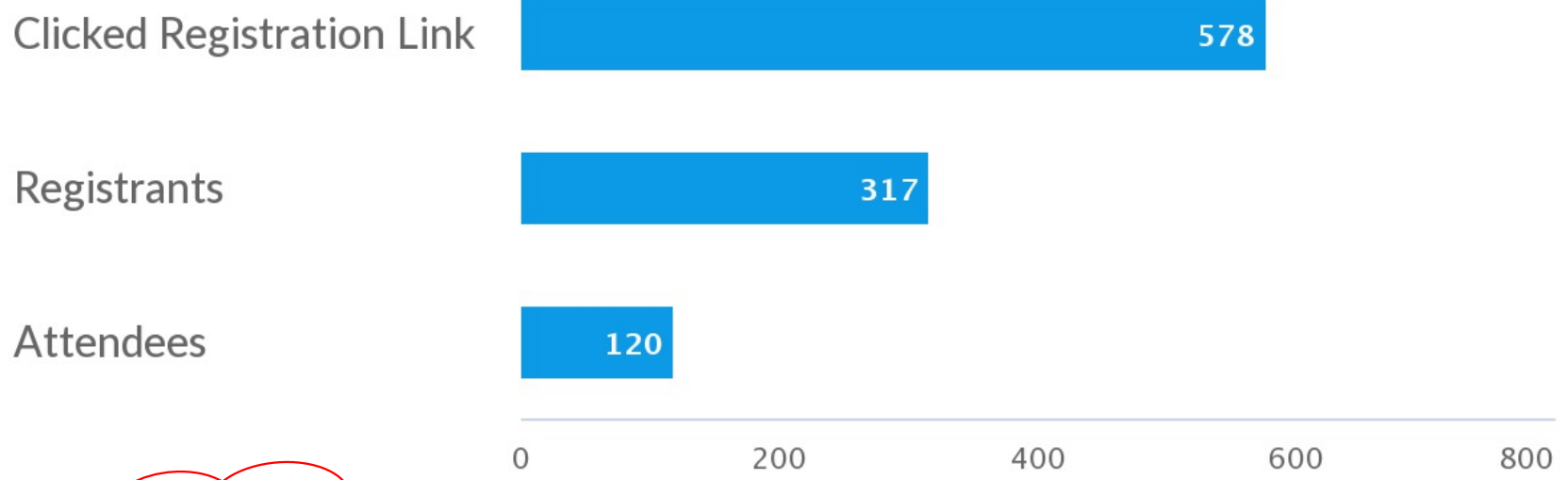


### **Adriana-Lucía Lopez-Ríos**

Department of Neurosurgery, Hospital  
San Vicente, Fundación Medellín y  
Ríonegro, Medellín, Colombia

# The speakers ...

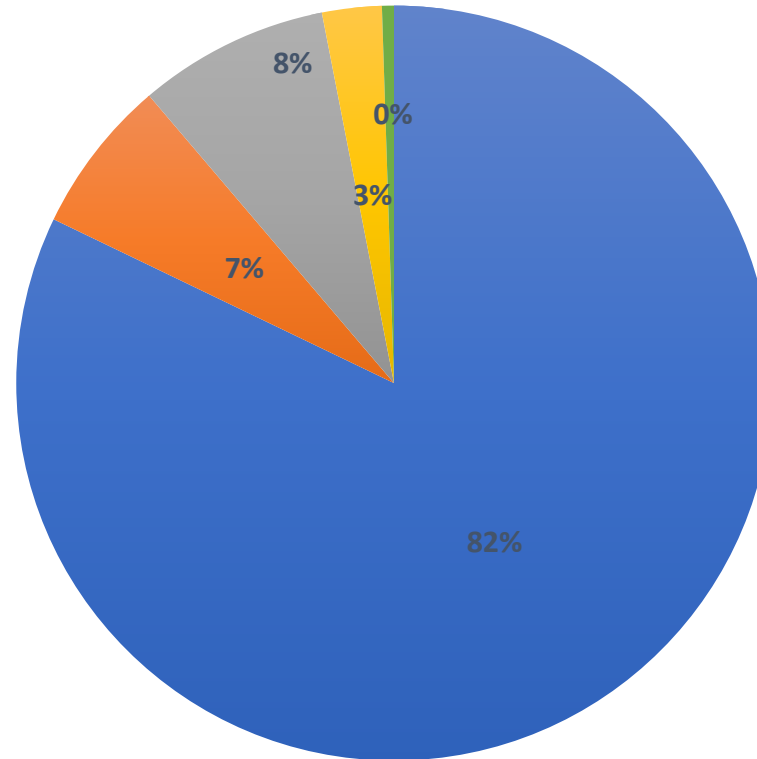
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*Please note that 1 attendee represents 1 connection but many participants may be attend using the same connection.*

# Registrations & attendance

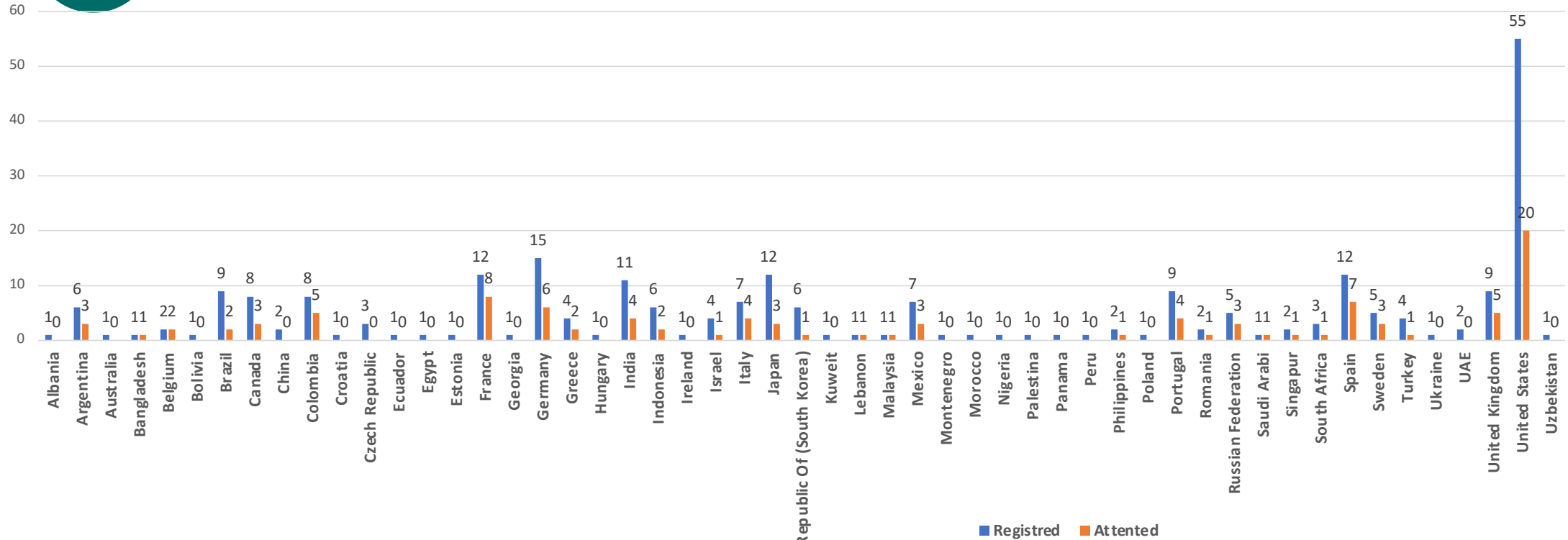
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■ Newsletter ■ Website ■ Colleague ■ Social Media ■ Others

Where did you learn about this WSSFN webinar ?

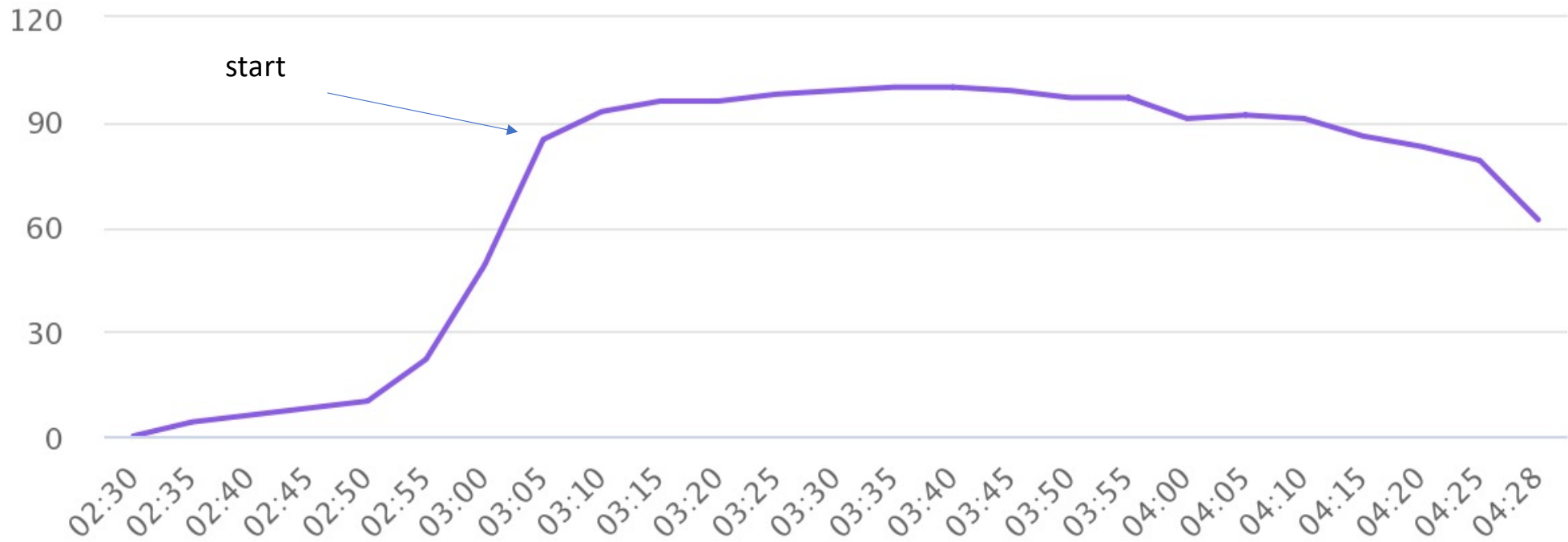
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# Number of registration & attendees per country



Session Duration:  
1 h 28 mn



# Attendees in session

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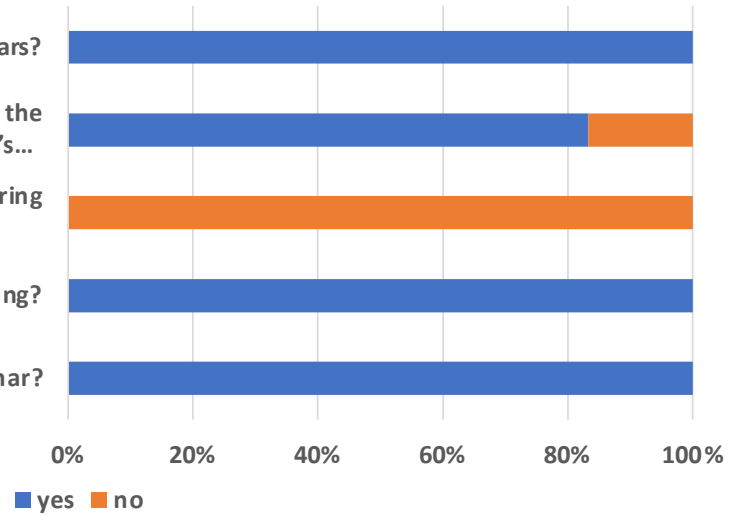
Are you planning to attend other WSSFN webinars?

Some questions have been raised at the end of the session, were you satisfied with the presenter's...

Did you have any technical difficulty joining or during the webinar?

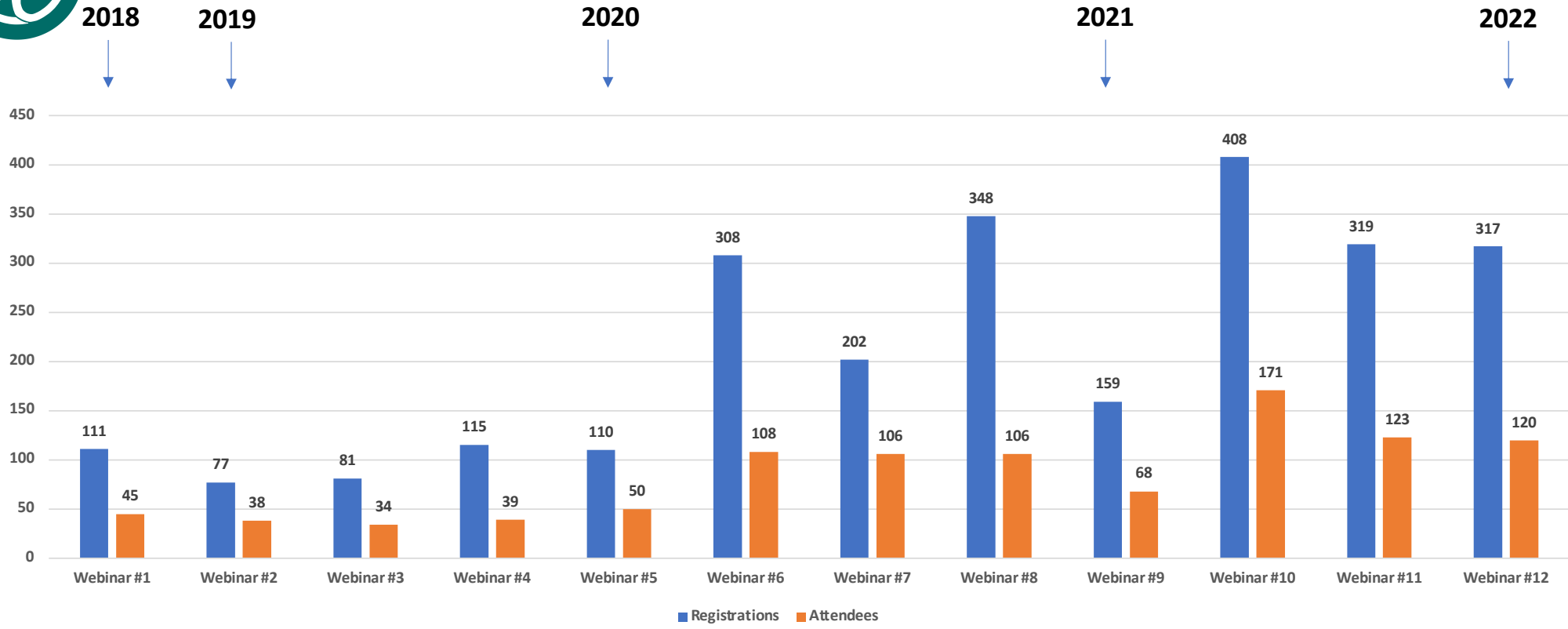
Did you find this WSSFN webinar interesting?

Were you aware of WSSFN prior to the webinar?



# Survey

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# Webinars session - evolution

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- How does the target and stimulation parameters compare to the target used for cluster headache? – **By Barbosa Dan**
- I would like to know if there is loosing of the stimulation effect with years as well as why the speakers do not perform lesioning? – **By Wiliam Omar Contreras Lopez**
- To Critstina and Adriana: you never induce rage or panic with stimulation postoperatively? – **By Marwan Hariz**
- What are your experiences with tolerance to stimulation after longer FU? – **By Petra Heiden**
- The target you are using is very similar to that used by our team for DBS in cluster headache. What tracts/functional areas do you are involved in the patients' improvement? DBS for aggressiveness is a “symptom targeted therapy”, while usually we use a “disease-targeted therapy”. Do you think in a change of doing things? – **By Aibar Juan**
- How for lesioning is useful ? Because in developing countries cost is barrier.. – **By Bagathsingh Karuppanan**
- It has always interested me that surgery for aggression only seems to be perceived to be necessary in some parts of the world and really not at all in others. Do you have any thoughts on why this might be? – **By Keith Matthews**

## Q & A report

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- Can you comment on the current use of lesional surgery (RF, HIFU) for severe aggression? – **By Sulistyanto Adi**
- How many patients are implanted with stimulation for aggressiveness in the world? – **By Yohann Thenaisie**
- All the targets are very close to other very eloquent areas. How could you really modulate the specific area without touching others areas? How many aggressive attacks experience your patients per week to be consider in your protocol? How do you get the patient consent if they are mental impaired? – **By Napoleon Torres**
- Thank you for your wonderful presentation! My question is, what are the actual challenges for using this treatment in a larger clinical trial? – **By Francisco Jesus Velasco**
- Thank you for the excellent presentation Dr Hamani. With regards to LFS, what kind of frequencies are you implying? Why do you think most DBS cases use HFS to inhibit rather than LFS to excite neurons? – **By Jason Yuen**
- The electrodes you use for these surgeries are the standard 4 contact electrodes or any special electrodes? – **By Raghuram Gopalakrishnan**

## Q & A report

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