On behalf of the International Study Group on Spinal Degenerative Pathologies (ISSDP) (head Dr Alberto Alexandre) and the Committee for Peripheral Nerve Surgery of the World Federation of Neurosurgical Societies (head Dr Eduardo Fernandez) and sponsored by EU. N.I., European Neurosurgical Institute, the Sixth Symposium on Peripheral Nerve Microsurgery and Minimally Invasive Treatments for Spinal Diseases was held in Treviso with wide international participation.

The course was also supported by the European Association of Neurosurgical Societies and by the Latin-American Federation of Neurosurgery.

Peripheral nerve problems were discussed and problems concerning differential diagnosis were highlighted, i.e. differential diagnosis in special situations such as between radicular and peripheral nerve trunk lesions, pinpointing the significance of different diagnostic tools. Minimally invasive techniques, utilized nowadays to minimize bone demolition, scarring and risk of recurrence, were carefully analyzed. Microdiscectomy was compared with the results of intradiscal techniques, and new methods were discussed in the face of problems such as epidural fibrotisation, microinstability, osteoporotic or neoplastic or posttraumatic vertebral lesions. The different minimally invasive methods were discussed with participation of radiologists, orthopedic and neurological surgeons as well as physical medicine specialists coming from different countries.

A new, exciting field of interest is the use of autologous blood elements in order to favor healing processes in spinal degenerative processes, where demolitive surgery tends to be substituted by nourishment of tissues and reorganisation of function.

Authors from different countries in the world have contributed to this volume, for which we express our thanks. This bespeaks the wide interest that exists in the matter of minimal invasiveness and shows how widely this philosophy of treating patients is entering into neurosurgery.

We are especially grateful to Prof. Armando Basso for his attentive, continuous intellectual support of our philosophy of work underlying the different clinical and surgical problems, and his contribution to building up a more physiological and anatomically-minded way of treatment.

Also, we thank Acta Neurochirurgica for having dedicated this special issue to the Course in Treviso. Once again this is a good opportunity for underlining the importance of a common understanding of peripheral-nerve and spinal surgery problems in order to obtain a more perfect differential diagnosis between problems so closely related and which have quite a similar physiopathology.

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