"All the Neurology That's Fit to Print"

The Defective Brain Gazette

Late Edition
Today, snow, mainly in the morning, 1-3 inches, high 33. **Tonight,** partly cloudy, windy, colder, low 19. **Tomorrow,** very windy, cold, mostly sunny, high 26. Details, Page A24.

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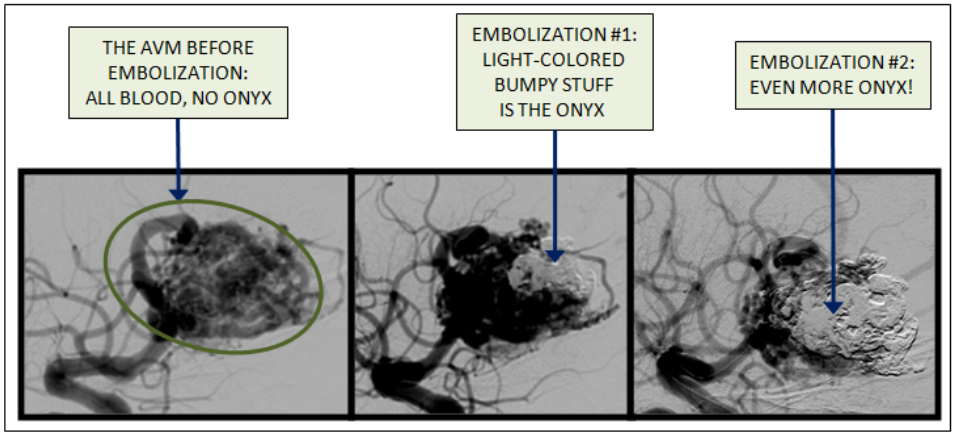
In the last *Gazette* I recounted the neurotherapeutic experience of a "catheter embolization," having just undergone the first such procedure involving the injection of a glue-like substance (trade name Onyx) into my brain malformation. I also described the charmingly pungent aromatherapeutic experience that Onyx creates for those fortunate enough to be around me during the first 24-36 hours after the procedure. I gather from emails that many *Gazette* readers are genuinely curious about what it really smells like. Although we considered organizing a "come and sniff BB" happy hour the day after my next procedure, maybe it's better to just order some online. (A perfect gift for the man who smells everything.)

The scent that drives neurologists wild !

Last Monday was the second embolization procedure, and like the first it went as planned with a fine result and no complications to speak of. These procedures are about clogging up the tangle of blood vessels that form the "nidus" (nest) of the malformation, and in doing so reducing the volume of blood flow through it.

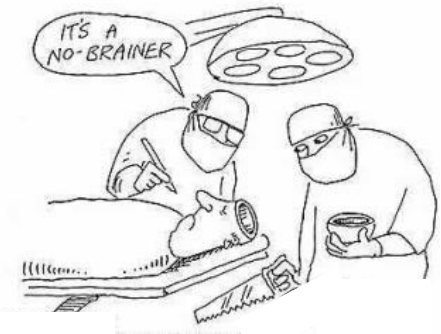
To this point in these *Gazette*s, in the name of anti-indulgence and good taste, I've avoided any autobiomedical imaging, but enough refinement – let's go to the film! Here are three angiographic images – from before we started, after the first emboganza, and after the second one. It's a side view – think of the camera as aimed at my right temple.



The AVM is the mess I've circled in the first picture – it's about 3 cm in diameter. You can see the thing is now more Onyx and less blood (the dark stuff, actually dye). As the surgeon describes it, he got about a third of the AVM the first time, and another third of it the second time.

Going into the second embolization there was uncertainty as to whether the neurosurgeon would want to do a third one before surgery to remove it. Round two gave him reason to want to do one more, so next week will be round three, and the surgery happens on March 8. You may wonder: Could enough Onyx in there block this thing completely, and if so would you need to bother with open-brain surgery to remove it? Excellent question, one that is the subject of much ongoing controversy in the neurosurgery world. Short answer: Yes, it can happen, although only about 15% of the time. Since Onyx is still relatively new – approved for this use in the U.S. only since 2005 – there's no data yet on the long-term effects of having it in your head for decades. So in cases (like mine) where the AVM is in a favorable location for surgery, it makes sense to remove it even if total "obliteration" is achieved.

So with two embos down and two more hospital adventures to go it's fair to say we're getting the hang of this. The experience of the procedure followed by 24 hours in the neuro ICU is easier once you know the drill. The neuro ICU at Vanderbilt is, by the way, an interesting place – spiffy and high tech. It's part of a Critical Care Tower that just opened in late fall so it's all brand spanking new. To quote from a university press release: "Interior finishes mimic colors and textures found in nature. Walls are painted in soothing blue and green tones with wood and stone accents."



"Soothing" isn't quite the word I'd choose to describe an ICU, but reading those sentences does give me a strange compulsion to put on some Joan Baez and write a check to Jerry Brown's campaign for governor in California…