2006

2005-2007

The nasoseptal flap, also known as the Hadad-Bassagasteguy flap (HB flap), was developed at the University of Rosario, Argentina, and the University of Pittsburgh and was first described in 2006 [1)]

Since 2006 the German federal joint committee (G-BA, Gemeinsamer Bundesausschuss) has established that in line with all other pediatric hematological and oncological diseases – newly diagnosed Low-grade gliomas (LGG) patients must be treated within the current active society of pediatric oncology and hematology (Gesellschaft fuer paediatrische Onkologie und Haematologie, GPOH) trial or registry to ensure high quality standards of care and use of established referral systems [2)].

Induced pluripotent stem cells (also known as iPS cells or iPSCs) are a type of pluripotent stem cell that can be generated directly from adult cells. The iPSC technology was pioneered by Shinya Yamanaka's lab in Kyoto, Japan, who showed in 2006 that the introduction of four specific genes encoding transcription factors could convert adult cells into pluripotent stem cells.

He was awarded the 2012 Nobel Prize along with Sir John Gurdon "for the discovery that mature cells can be reprogrammed to become pluripotent."

Since the first description of LLIF in 2006, the indications for LLIF have expanded and the rate of LLIF procedures performed in the USA has increased.

The International Meningioma Society" was formed in September 2006 at the Mt. Fuji Meeting hosted by Takeshi Kawase and aims at advancing the art of science of the field of clinical care and research in meningiomas and thereby promote the best possible care for patients suffering from meningiomas.

In 2006 a study of Flores from the Unidade de Neurocirurgia, Hospital de Base do Distrito Federal, Brasília, Brazil most of the lesions were supraclavicular (62%). Twenty-one cases occurred due to traction (60%), 9 to gun shot wound (25%), 3 to compression (8.5%) and two perforation/laceration (5.7%). Motorcycle accidents were the cause of trauma in 54% of patients. CT myelography demonstrated root avulsion in 16 cases (76%). Partial spontaneous neurological recovery was observed in 43% of the patients. Neuropathic pain occurred in 25 (71%) cases, and the use of some oral intake drugs (as amitriptyline or carbamazepine) controlled it in 64% of times.

The Charité artificial disc went through revisions over 6 years, resulting in the SB Charité III, and the first clinical experience was published in 1994 using the final version of the SB Charité III (DePuy Spine Inc, Raynham, Massachusetts) [3].

The clinical trial in the United States for Food and Drug Administration (FDA) approval began in 2000, and the device was cleared for use in 2004. Since then, multiple other lumbar arthroplasty devices have been developed and have become available in the United States and Europe [4].

The second generation of artificial disc design, ProDisc-L (Centinel Spine, West Chester, Pennsylvania), was granted FDA approval in 2006, followed by a third-generation artificial disc design, activL (Aesculap Implant Systems, Center Valley, Pennsylvania) in 2015.

1)
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