

# 2013

2012-2014.

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An [organoid](#) is a miniaturized and simplified version of an [organ](#) produced [in vitro](#) in three dimensions that show realistic micro-anatomy. They are derived from one or a few [cells](#) from a [tissue](#), embryonic stem cells, or induced [pluripotent stem cells](#), which can self-organize in three-dimensional [culture](#) owing to their self-renewal and [differentiation](#) capacities. The technique for growing organoids has rapidly improved since the early 2010s, and it was named by The Scientist as one of the biggest scientific advancements of [2013](#) <sup>1)</sup>.

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VNS Therapy or dietary therapies, such as the ketogenic diet, may help many people. Another option is responsive [neurostimulation](#). Known as RNS® Therapy, this new seizure treatment was approved by the U.S. Food and Drug Administration (FDA) in [2013](#).

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In 2013, investigators from A Randomized Trial of Unruptured Brain Arteriovenous Malformations (AVM; [ARUBA](#)) reported that interventions to obliterate unruptured AVMs caused more morbidity and mortality than medical management <sup>2)</sup>.

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In 2013, the publication of the Interventional Management of Stroke (IMS III), <sup>3)</sup> Synthesis Expansion; A Randomized Controlled Trial on Intra-Arterial Versus Intravenous Thrombolysis in Acute Ischemic Stroke (SYNTHESIS Expansion), <sup>4)</sup> and Mechanical Retrieval and Recanalization of Stroke Clots Using Embolectomy <sup>5)</sup> trials reported no significant differences in functional outcome with endovascular therapy compared to standard therapy (ie, intravenous tissue plasminogen activator or tissue-type plasminogen activator [tPA]) alone. As a result, the 2013 American Heart Association (AHA)/American Stroke Association guidelines for the early management of patients with acute ischemic stroke <sup>6)</sup> advised that the “ability to improve patient outcomes has not yet been established” for thrombectomy devices.

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In 2013 the [American Association of Neurological Surgeons](#) and the [Congress of Neurological Surgeons](#) released updated management guidelines for the acute [cervical spine injury](#) and [spinal cord injury](#) SCI.

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The year 2012 was the 50th anniversary of the [Korean Neurosurgical Society](#), and in [2013](#), the 15th World Congress of Neurosurgery took place in [Seoul, Korea](#)

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Multinodular and vacuolating neuronal tumor of the cerebrum (MVNT) is a superficial neuronal tumor in adult that were first documented in 2013<sup>7)</sup>.

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Chen et al described in 2013 an alternate approach involving temporal horn to preopontine cistern shunting followed by radiosurgery of the offending lesion. This 41-year-old woman with a history of meningiomatosis presented with progressive, incapacitating headache. Magnetic resonance imaging (MRI) showed growth of a right trigone ventricular meningioma, causing entrapment of the right temporal horn. A ventricular catheter was placed using frame-based stereotaxy and image fusion computed tomography/MRI to connect the entrapped lateral ventricle to the preopontine cistern. The patient reported complete resolution of her symptoms after the procedure.

Postoperative MRI revealed decompression of the temporal horn. The trigonal meningioma was treated with stereotactic radiosurgery. The patient remained asymptomatic at the 2-year follow-up<sup>8)</sup>.

## References

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