It was a busy year in 2009 for the Cairo Gamma Knife Centre, we had a lot of important events and developments in all fields, we treated more patients, published more scientific papers, presented lectures in many specialised meetings, but our pride was focused in celebrating the treatment of 2000 patients.

2000 patient’s celebration at the Swedish Embassy:

Her Excellency Mrs. Malin Karre, the Swedish ambassador to Egypt, giving a nice warm speech to the distinguished invited guests in the beautiful garden of the Swedish embassy in Zamalek.
The Gamma Knife Centre, Cairo, represents one of the important joint ventures between Sweden and Egypt, the recognised role of our centre in the Egyptian medical milieu represents a story of success, in the above photo we can see Her Excellency Mrs. Malin Karre with Dr Azza Shehab, the vice director of the Egyptian specialised medical councils, and Dr Bahaa Abo Zeid, the Director of Nasser institute, joining many of professors and officials, with our chairman, director, and staff.

This gathering celebrated the treatment of more than 2000 patients in our centre in 8 years with strict compliance to the highest international standards of care and results that matches the best similar centres all over the world.

Such celebration summated the efforts of our staff and their dedication for offering the Egyptian and Arab patients the best possible care in those passed years.

We were also very pleased to have Professor Jeremy Ganz with us in that event to witness with us that his work is appreciated and that the system he established during the period he was the medical director of our centre (2001-2007) is still sound and up to the standards.
By January 2010 we reached 2500 patients:

The fast growing knowledge about our clinical results enabled us to treat 665 patients in the year 2009 alone which is a record number in the history of our centre; those patients were all treated with all the dedication we are known of.

We have treated patients referred from hundreds of doctors, patients suffering from much more indications, and from more and wider geographic distribution (18 countries)

The following is a table showing the number of treated patients according to their diagnosis as by February 2010:

<table>
<thead>
<tr>
<th>Indications</th>
<th>No. of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningioma</td>
<td>909</td>
</tr>
<tr>
<td>Vestibular schwannomas</td>
<td>421</td>
</tr>
<tr>
<td>AVM</td>
<td>318</td>
</tr>
<tr>
<td>Pituitary adenoma</td>
<td>227</td>
</tr>
<tr>
<td>Cavernous haemangioma</td>
<td>76</td>
</tr>
<tr>
<td>Low-grade astrocytoma</td>
<td>71</td>
</tr>
<tr>
<td>Trigeminal neuralgia</td>
<td>60</td>
</tr>
<tr>
<td>NF2</td>
<td>56</td>
</tr>
<tr>
<td>Craniopharyngioma</td>
<td>46</td>
</tr>
<tr>
<td>Metastases</td>
<td>43</td>
</tr>
<tr>
<td>Trigeminal schwannomas</td>
<td>43</td>
</tr>
<tr>
<td>Glomus jugulare tumors</td>
<td>42</td>
</tr>
<tr>
<td>Malignant meningioma</td>
<td>32</td>
</tr>
<tr>
<td>Chordoma and</td>
<td></td>
</tr>
<tr>
<td>Chondrosarcoma</td>
<td>27</td>
</tr>
<tr>
<td>Pineal region tumours</td>
<td>25</td>
</tr>
<tr>
<td>Hemangioblastoma</td>
<td>18</td>
</tr>
<tr>
<td>Jugular foramen schwannoma</td>
<td>15</td>
</tr>
<tr>
<td>Epidermoid cyst</td>
<td>14</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>10</td>
</tr>
<tr>
<td>Uveal melanoma</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
</tr>
</tbody>
</table>
We did a lot of research work in the past year, Dr Wael Abdel Halim Reda, our medical director had represented our centre in world congress of the neurological surgery in Boston, USA.

The above chart represents the distribution of the most common diseases we have treated till now and it shows clearly that the most frequent indication of treatment in our centre by far was meningiomas as we treated more than 900 patients in those 8 years which gave us much knowledge and experience in the treatment of such disease and enabled our centre to do many publications and lectures in such concern.

Our scientific efforts in 2009:

We did a lot of research work in the past year, Dr Wael Abdel Halim Reda, our medical director had represented our centre in world congress of the neurological surgery in Boston, USA.

Dr. Wael A. Reda to Present at XIV World Congress of Neurological Surgery of the World Federation of Neurosurgical Societies in Boston

BOSTON (July 30, 2009) – Dr. Wael A. Reda from Gamma Knife Centre – Nasser Institute will be presenting a lecture on Skull Base Meningioma Radiosurgery, on 31st August at the XIV World Congress of the World Federation of Neurosurgical Societies (WFNS). Hosted by the American Association of Neurological Surgeons (AANS), an estimated 2,500 attendees from more than 80 countries are expected to attend. This premier international neurosurgical meeting is taking place at the John B. Hynes Veterans Memorial Convention Centre in Boston, Massachusetts, August 30-September 4, 2009, but officially opens to the media on Monday, August 31.
The following are the most important researches we had published in internationally peer reviewed medical journals:

1- Protection of the Anterior Visual Pathways during Gamma Knife Treatment of Meningiomas.
Jeremy C Ganz1, 2, Amr El-Shehaby1, Wael A. Reda1, Khalid Abdelkarim1

2- Glomus jugulare tumours: certain clinical and radiological aspects observed following Gamma Knife radiosurgery.
Ganz JC, Abdelkarim K.

3- Adverse radiation effects after Gamma Knife Surgery in relation to dose and volume.
Ganz JC, Reda WA, Abdelkarim K.

4- Gamma Knife surgery of large meningiomas: early response to treatment.
Ganz JC, Reda WA, Abdelkarim K.

5- Temporary symptomatic swelling of meningiomas following gamma knife surgery. Report of two cases.
El Shehaby A, Ganz JC, Reda WA, Hafez A.

6- A simple method for predicting imaging-based complications following gamma knife surgery for cerebral arteriovenous malformations.
Ganz JC, Reda WA, Abdelkarim K, Hafez A.

El Shehaby A, Ganz JC, Reda WA, Hafez A.

8- Gamma knife radiosurgery and its possible relationship to malignancy: a review.
Ganz JC.

9- A planned combined stereotactic approach for cystic intracranial tumors: Report of two cases.
Wael Abdel Halim Reda, Alla Abdel Hay, Jeremy C. Ganz
Gamma Knife Center Activities:

The centre is so proud with our contribution to the development of the medical profession through offering training to many Egyptian doctors from different universities and also Arab doctors from Libya and Yemen.

In the year 2009, different universities as Cairo and Ain Shams universities collaborated with our centre in the academic domain, currently; four MD candidates are performing their clinical thesis in our centre.

The Gamma Knife Center is one of the Egyptian medical centres of excellence and is regularly visited by foreign delegates who are interested in the Egyptian health care system.

Some interesting cases representing our results:

![Image 1](image1.jpg) ![Image 2](image2.jpg)  
This is an example of a successful AVM treated. The young lady grew from 12 to 14 and can look forward to a normal life.

![Image 3](image3.jpg) ![Image 4](image4.jpg)  
1 year after treatment  
Glomus jugulare tumour, a different case showing shrinkage at 2 year
This little boy who had Craniopharyngioma is an example of how easy it is to control a tumour when the main part of it is solid. The second picture is taken 15 months after the first. This young man had received another treatment after 6 years and now his tumour is under control after 8 years of his procedure.

The effect of gamma knife treatment on the visual field improvement in a patient with meningioma was better than expectations.
For Further Information:

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