

Correction of the anatomical defect and prevention of the renal damage are the goals of the therapy. Many efforts have been dedicated to early recognition of VUR. However, despite numerous studies, there are major controversies on the need for screening procedures, the role of medical vs surgical treatment, timing of elective surgery and duration of antibiotic prophylaxis.

In recent years, improvement and diffusion of prenatal diagnostic procedures have revealed that reflux nephropathy is frequently present at birth because of abnormal renal development in utero. Together with advances in gene hunting strategies, this has shed new light on the comprehension of the disease.

The present review will principally focus on the recent advances in the understanding of the congenital damage and the possible role of hereditary factors in VUR. There have been several detailed discussions on specific aspects of VUR.

#### ***14) Basilar impression within a complex cranio-cervical junction anomalies (CCJAs) in a child presenting with impending bulbar cervical dissociation***

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##### **Abstract**

The recognition of the congenital anomalies involving the base of the skull CCJ region is important because of their association with brain stem-spinal cord compression, spinal instability and spinal deformity. Other organ system anomalies may be associated with CCJAs as these systems share common embryonic development.

A basilar impression with neural compression in a form of bulbar and cervical myelopathy with associated occipito-cervical rotational instability levelled to occipito-axial hypoplastic occipitalised atlas caudally, to brain stem medullary neural compression bulbarward, was diagnosed in a 14 year old boy who was admitted and managed at MIH-Jerusalem.

**In this talk:** through presenting the case management of this child, I will try to shed the light on the diagnosis of CCJAs, pointing out the clinical presentation, diagnostic investigations along with operative and post operative management carried out at neurosurgery department, Makassed hospital-Jerusalem in May 2008.

**Areas to be explored:** A highlight on CCJAs; It's different ways of presentation & diagnosis, when do we suspect and index of suspicion parameters, beside patterns of referral, follow up care and prognosis.

#### ***15) Management of congenital glaucoma in Gaza eye hospital***

**Dr. Maher Alrayes, Ophthalmic Surgeon, Gaza**

***Purpose:*** The aim of this retrospective study is to present all cases of congenital glaucoma seen in Gaza eye hospital in the period from 1997- 2008, geographic distribution, clinical forms, risk factors and results of therapeutic modalities

***Methods:*** Data of all cases from their medical records including medical examination, clinical evaluation at first presentation and surgical procedures involved in the management were evaluated.

***Results:*** From this study we concluded that congenital glaucoma is one of the leading causes of blindness in children in Palestine with an incidence of 1: 3412 and high percentage of consanguinity.

The surgical management in this study is similar to surgical management in other reports indicating that trabeculectomy with antimetabolites is the most common and rewarding procedure.

