

A R I E S

Overview

Neurosurgery on CD-ROM is the electronic version of the printed journal of the Congress of Neurological Surgeons, published by Williams & Wilkins, and offers you literature access as never before...

- Four years of the journal with full editorial content on a single CD-ROM - carry your library in your pocket!
- High quality display of figures and tables at three resolutions - thumbnail, standard and double.
- Bibliography links to MEDLINE records give you abstracts for cited articles in many other journals.
- Fuzzy logic and Boolean searching make finding articles simple and fast.
- Annual updates at a modest price let you maintain the convenience of this "electronic binding".
- Acclaimed Knowledge Finder search software for Windows™ and Macintosh® makes content access intuitive with minimal learning.

Searching

Free-Form Topic Search

AUMs and trigone of the lateral ventricle

Finding the article you want is as easy as just typing the few words that you think best characterize the article. Knowledge Finder's unique fuzzy logic searching uses precise

mathematical analysis to judge how closely each article appears to match your search query. And search results are presented in order of likely relevance, showing you the closest matches first, and saving you time reviewing search results.

POSSIBLE RELEVANCE



For precise searching, just click a button to activate Knowledge Finder's Boolean Search mode. With the traditional Boolean operators, nested parenthesization and truncation, you can fine tune your search to identify the specific article for which you're looking.

Table-of-Contents

browsing lets you quickly view all of the articles in a particular issue. The hierarchical browser also lets you open multiple Contents windows, so you can see the contents of several issues simultaneously.

October 1994, Volume 35, Number 4
November 1994, Volume 35, Number 5
December 1994, Volume 35, Number 6
1001 Craniopharyngiomas: A Clinicopathological Analysis of Factors Predictive of Recurrence and Functional Outcome. Howard L. Weiner; Jeffrey H. Wisoff; Michael E. Rosenberg; Mark J. Kupersmith; Henry Cohen; David Zagzag; Tania Shiminski-Flater; Eugene S. Flamm; Fred J. Epstein; Douglas C. Miller
1012 Estrogen Receptor Gene Expression in Craniopharyngiomas: An In Situ Hybridization Study. Kamel Thapar; Lucia Stefanescu; Kaitman Kovacs; Bernd W. Scheithauer; Ricardo Y. Lloyd; Paul J. Muller; Edward R. Laws
1018 Cerebral Oligodendroglioma: Prognostic Factors and Life History. Paolo Celli; Hsiao Morfano; Lucio Palma; Giampaolo Cantore; Aldo Fortuna
1036 Changes in Proliferating Cell Nuclear Antigen Expression in Glioblastoma Multiforme Cells along a Stereotactic Biopsy Trajectory: Stephen J. Delrymple; Joseph E. Parisi; Patrick C. Roche; Steven C.

Article Display

Full-text articles are displayed on your computer screen showing all of the text, symbols and equations contained in the original print article. References to figures, tables and citations in the text are "hot-linked", so that you just click on the reference in the text to see the corresponding item. Flexible window re-sizing lets you organize your screen to suit your needs. Article text, optionally including figures and tables, can be printed.

Neurosurgery
December 1994, Volume 35, Number 6

1046 Surgical Management of Arteriovenous Malformations in the Region of the Ventricular Trigone

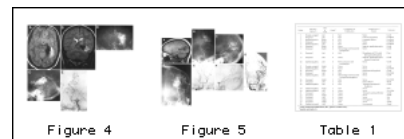
ILLUSTRATIVE CASES

Patient 8
A 52-year-old man presented with an intraventricular hemorrhage associated with a right hemiparesis, right homonymous hemianopia, and dysphasia (Fig. 4A-4D). Cerebral angiography demonstrated a 4.5-cm AVM in the region of the trigone of the left lateral ventricle that was fed predominantly by the anterior and posterior choroidal arteries and laterally directed branches of the posterior cerebral artery (Fig. 4E-4F). Two weeks after his hemorrhage, the patient's hemiparesis and dysphasia had improved but the hemianopia persisted. He underwent a left temporal craniotomy and approach to the AVM through the inferior temporal gyrus. During the final stages of the procedure, an aneurysm clip was placed on a large, laterally directed feeding artery arising from the P₂ segment of the posterior cerebral artery. Postoperatively, the patient developed a worsened hemiparesis and dysphasia that slowly improved but remained significantly worse than his preoperative status. Postoperative angiography demonstrated complete obliteration of the AVM but also showed occlusion of the posterior cerebral artery well proximal to the clip that had been applied to a posterior cerebral branch (Fig. 4G). A postoperative CT showed the area of infarction (Fig. 4H).

Commentary
We believe this patient's postoperative neurological deficit was the result of retrograde thrombosis of the posterior cerebral artery that involved perforators from the P₁ segment. This was likely a result of acute interruption of the high-flow lesion with sludging of flow within the feeding artery. It is possible that this complication could have been avoided by preoperative embolization to more slowly throttle the blood flow to the AVM.

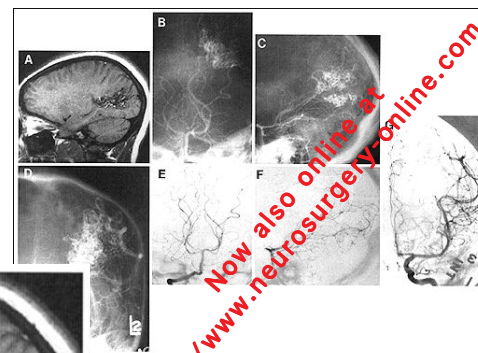
Thumbnails

Whenever you open an article, Knowledge Finder presents simultaneously and quickly a window with overview thumbnail images of all of the figures and tables in the article. This gives you an "image table-of-contents" for the article, and helps you find an image by pattern recognition, rather than just by words. Click once on any image, and the full figure or table appears almost instantaneously.

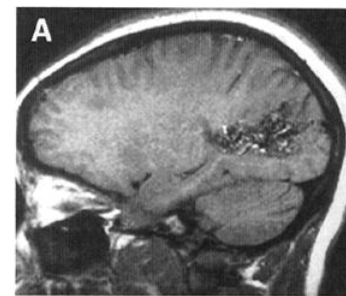


Figures and Tables

Every figure and table from the print publication is included on the CD-ROM. You can view color and gray scale halftones at their standard size, and at double resolution for enhanced image clarity. Ergonomically-designed image scrolling and panning makes viewing



Int 12. Sagittal T1-weighted MRI (A) shows AVM in the region of the ventricular posterior (B) and lateral (C) vertebral angiograms demonstrate arterial supply for cerebral artery, and anteroposterior (D) left carotid angiogram reveals middle (E) and anteroposterior (F) and lateral (F) vertebral and



of large images convenient. Line drawings, graphs, charts and tables are displayed in independent windows, and can also be displayed at double resolution.

Linked Abstracts

All bibliographic references in the articles have been matched against the National Library of Medicine's MEDLINE® database. Where available, the MEDLINE abstract and record have been incorporated into the Neurosurgery CD-ROM database. An indicator in the on-screen References window tells you the abstract is available for immediate viewing.

Equipment Requirements

To use Neurosurgery on CD-ROM with Knowledge Finder, you'll need a PC/compatible or Macintosh computer:

For the PC, you'll need Windows 3.1, 95 or NT, an 80486 or better CPU (Pentium recommended, 50MHz or faster) with 16MB RAM, at least SVGA video, a mouse, and a CD-ROM player (faster is better!).

For the Macintosh, you'll need System 7.5.1 or later, a color Macintosh (68040 CPU or later recommended) with 16MB RAM, and a CD-ROM player (again, faster is better!).

Knowledge Server® and Knowledge Host®, also available from Aries Systems, let you access your Knowledge Finder databases in a network environment. Please contact Aries Systems or your authorized Knowledge Finder dealer for details.

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