

evaluates trends in management based on journal specialty and publication epoch. Methods: A review of pediatric scalp Aplasia Cutis Congenita management was conducted. Articles were categorized by journal type (neurosurgery, plastic surgery, dermatology, other medical, and other surgical) and management approach (surgical, conservative, or combined). Descriptive statistics were used to summarize trends in recommendations, and assess associations between journal type and treatment. Trends over time were analyzed based on publication year. Results: A total of 171 studies were included. Among surgical journals, 33.7% recommended surgical management, while medical journals favored conservative (14.1%) or combined approaches (84.5%) ($p < 0.001$). Recommendations for surgical management decreased from 80% in the 1970s to 30% in the 2020s. Notably, among 119 studies advocating for a combined approach, only 27 provided criteria for surgical indications, with lesion thresholds ranging from $>1\text{cm}$ to $>15\text{ cm}$. Conclusions: This study highlights the lack of guidelines for ACC management and reveals specialty and time epoch of publication-dependent biases in treatment. These findings emphasize the need for multidisciplinary guidelines for consistent, patient-centered care.

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Development of benign enlargement of subarachnoid spaces growth charts

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Background: Normalized growth curves are an essential component in management of pediatric patients. Benign enlargement of subarachnoid spaces (BESS) is a common condition in infants that results in deviation from expected head growth but does not have long term implications. Differentiating BESS from pathological conditions is critical to minimize unnecessary imaging and specialist evaluations. Standardized growth charts specific to BESS do not exist, complicating monitoring and management. Methods: An analysis of head circumference (HC) data was performed for 315 children aged 0-6 years diagnosed with BESS at CHEO. Growth charts were created using Generalized Additive Models for Location, Scale, and Shape (GAMLSS). Z-scores derived from HC measurements were compared to World Health Organization (WHO) norms, stratified by sex. Results: Benign macrocephalic patients consistently tracked above the 97th percentile of WHO curves, with the 50th percentile in this cohort aligning with the 97th percentile of WHO data. HC growth accelerated in early infancy, stabilizing around ages 2-3. Growth charts demonstrated distinct patterns for BESS compared to normative data. Conclusions: This study provides novel charts for BESS, enabling improved monitoring and clinical management. These charts have the potential to reduce unnecessary imaging and specialist referrals, alleviating anxiety for caregivers and clinicians while optimizing resource use.

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Factors affecting access to neurosurgical care in diverse communities in Canada: a qualitative scoping review

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Background: Access to neurosurgical care is vital for conditions such as traumatic brain injuries and brain tumours. However, significant disparities in healthcare access persist in Canada, disproportionately affecting rural, Indigenous, and socioeconomically disadvantaged populations. This qualitative scoping review examines barriers and facilitators to neurosurgical access, addressing gaps in the literature concerning equity-deserving groups. Methods: A systematic literature search (2000–2024) was conducted within MEDLINE, EMBASE, Cochrane Library, PsycINFO, and Scopus, along with gray literature from governmental and non-governmental organizations. From 1400 identified records, eight qualitative or mixed-methods studies met the inclusion criteria. Thematic analysis was conducted to explore socioeconomic, geographic, racial, gender-based, and cultural barriers. Results: Four major themes emerged: delays in access, alternative healthcare options, policy barriers, and communication and coordination issues. Barriers such as transportation gaps, socioeconomic inequities, and systemic discrimination were particularly pronounced for rural and Indigenous populations. Facilitators like telehealth and improved inter-hospital coordination show potential but are limited by infrastructure constraints and cultural misalignments. Conclusions: Addressing barriers to neurosurgical care requires systemic reforms, including equitable resource allocation, expanded digital infrastructure, and culturally competent care. The lack of intersectional research on overlapping barriers underscores the need for future studies to prioritize tailored interventions to ensure timely, equitable neurosurgical care across Canada.

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Resident wellness and burnout in the University of Alberta Neurosurgery Residency Program – a quality improvement study

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Background: Residency training is well-known to be an arduous life event - especially in neurosurgery. The Maslach Burnout Index (MBI) is the gold standard for assessing burnout while the Perceived Stress Scale (PSS) identifies the relative importance of stressors. The purpose of this study is to quantify resident wellness using two validated instruments