

We received 75 responses from pediatric neurosurgeons, with the majority (41.4%) having 20+ years in practice. For vignette #1, the majority (94.5%) did not suggest surgery and 67.6% of them were not concerned about increased ICP in the future. However, only 46.5% of respondents against surgery believed the ridge would improve in 10 years, whereas 49.3% thought it would remain unchanged. In vignette #2, 93.0% of surgeons advised surgery and the reasons for advising surgery varied: appearance (60.6%), developmental delay concern (15.2%), and increased ICP (10.6%). Most surgeons suggested an open procedure (71.2%) over endoscopy assisted strip craniectomy (28.8%). The majority rated the likelihood of raised ICP as < 10% (37.1%), with the minority suggesting 10-24% (25.7%), 25-50% (15.7%), and 51-100% (4.3%).

By the conclusion of this session, participants should be able to: 1) Describe current surgical opinions regarding indications for surgery in metopic craniosynostosis, 2) Discuss, in small groups, how their own opinions align with the results of this survey and whether or not this accurately reflects the current controversies in the surgical literature, 3) Identify a future plan to establish a uniform guideline that defines a threshold for surgery for patients with craniosynostosis based on high-level evidence.