GAMMA KNIFE

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HISTORY

Leksell and Borje Larsson built the first Gamma Knife in Sweden in 1968.

More than 60,000 patients have been safely treated with focused gamma rays world-wide.

RADIATION SOURCE

 Gamma Knife contains 201 small Cobalt(C60) sources of gamma rays arrayed in a hemisphere.





- The device aims gamma radiation through a target point in the patient's brain.
- The patient wears a specialized helmet that is surgically fixed to their skull so that the brain tumor remains stationary at target point of the





CENTER OF ARC PRINCIPLE

- × Tumor is at the center of the circular arc
- Each individual gamma ray is too weak to cause much harm to a brain tumor.
- But , 201 beams of radiation energy are gathered together, the focused target will receive an enormous amount of radiation.



GAMMA KNIFE VS DNA

- A focused dose of radiation is used to stop or reduce the growth of abnormal tissue.
- The Gamma Knife radiation distorts the DNA mapping of the cells and make them unable to divide.





 Only at the point where the narrow beams converge is the radiation at its most powerful, therefore preventing injury to surrounding healthy tissue



COMPARISON

*影片連結

http://Orz.tw/8h1K5

ADVANTAGES

- Samma Knife radiosurgery also is safer than many existing procedures because patients need not undergo risky, open-skull procedures, and adult patients do not require anesthesia.
- It's nearly 90 percent effective at killing or shrinking brain tumors or stopping their growth.
- Patients can return to normal activities the next day

ADVANTAGES

- × virtually painless, no loss of hair
- The cost of a Gamma Knife procedure is often 25% to 30% less than traditional neurosurgery.

THERAPY

- × Step 1: Headpiece Frame Placement
- Step 2: Diagnostic Imaging
- Step 3: Treatment Planning
- Step 4: Gamma Knife Procedure
- Step 5: Recovery

STEP 1: HEADPIECE FRAME PLACEMENT

- Attached to the head with four pins.
- The radiation beams can be directed to the target.
- prevents the head from moving





Step 2: Diagnostic Imaging





Step 3: Treatment Planning



Step 4: Gamma Knife Procedure





Step 5: Recovery



Very Nice!

APPLICABLE DISEASES

 Arteriovenous Malformations (AVMs)(腦動靜脈畸形)、 Pituitary Tumors(腦下垂體腫 瘤)、Acoustic Neuromas(聽神 經瘤)
Brain Tumors(直徑小於3公分)

Brain Tumors(直徑小於3公分的腦瘤)。

× Functional problems:

- Trigeminal neuralgia (三叉神 經痛症)
- Parkinson's disease (帕金森 氏症)



DISADVANTAGE

- × 4 pins.
- Essential physiology reaction such as breathing is usually making lots of bias to the treatment.
- × Limit size of tumors is available.
- × Side effect
- × Only suitable to brain disease.
- Demand for the accuracy of the brain position is very high.
- Sometime, a mild sedative and a local anesthetic is required.

CYBERKNIFE

-THE NEW VERSION OFGAMMA KNIFE

- Invented by Dr. John Adler at Stanford.
- The CyberKnife consists of a 6 MV linear accelerator mounted on a robotic arm, along with a diagnostic x-ray tubes.
- allowing multiple positions and angles to deliver a series of up to 1560 different angles.
- ★ 單次照射同一方向,每次照射時間約30s~90s。
- × Image guidance by x-ray. •
- http://Orz.tw/h6hlL

CYBERKNIFETM Image-Guided Stereotactic Radiosurgery System





CYBERKNIFE -THE NEW VERSION OFGAMMA KNIFE

- × refinement;
 - -4 pins→ mobile mask
 - brain→ whole body
 - low dose → high dose
 - extreme accuracy.
 - No anesthesia required



COMPARISON WITH OTHER RADIATION SURGERY

- × Less side effect
- × Less times of treatment
- × 腫瘤部分定位要精確(1mm誤差以內)
- × high dose

AFTER SURGERY

 John Lynch-The first patient who used Gamma Knife for AVM 25 years ago.



THANKS FOR ATTENTION

Q & A