

# The Pediatric Craniofacial Center



**NewYork-Presbyterian**  
Phyllis and David Komansky  
Center for Children's Health  
Weill Cornell Medical Center



Weill Cornell Medical College  
Department of Surgery

# The Pediatric Craniofacial Center

525 East 68th Street  
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# The Pediatric Craniofacial Center

at NewYork-Presbyterian Hospital/  
Weill Cornell Medical Center

NewYork-Presbyterian Hospital/Weill Cornell Medical Center cares about children. One in every 200 babies born will require specialized care for congenital disorders such as cleft lip and palate or craniosynostosis. Even more children need advanced reconstructive surgical care for other diseases or traumatic injury.

The Pediatric Craniofacial Center at NewYork-Presbyterian Hospital/Weill Cornell Medical Center — made possible by a generous gift from NewYork-Presbyterian Trustee David H. Komansky and his wife, Phyllis — provides advanced healing for children and young adults with medical conditions involving the face, skull and jaw.



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Our expert medical staff works together in and out of the operating room to provide seamless care to patients. A multidisciplinary team meets frequently to create a plan of care for each patient tailored to their individual needs. We have dedicated specialists in:

- audiology
- critical care/intensive care
- dentistry
- developmental pediatrics
- genetics
- neonatology
- neurology
- neurosurgery
- ophthalmology and oculoplastic surgery
- oral and maxillofacial surgery
- orthodontics
- otorhinolaryngology (ear, nose, and throat)
- physical and occupational therapy
- plastic and craniofacial surgery
- social work
- speech pathology

Our goal is to return patients back to normal activities as soon as possible. That's why we use the most advanced surgical treatments, including the latest minimally invasive surgical techniques. We get children back to the business of being children.

## Our Services and Referring Professionals

We care about patient comfort and convenience. When a family comes to the Pediatric Craniofacial Center, they see all the specialists they need to see — whether it's two or ten — in one place, in one session. Afterwards, our experts consult to create a personalized treatment plan to meet each patient's needs, from the moment of initial consultation through treatment and beyond.

Referring doctors are important to us. When a patient is referred by a pediatrician or any medical professional, we make sure to contact them immediately about our recommendations for treatment. We work with all providers to make sure patients receive coordinated and complete care.



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## A Network of Support

Children with craniofacial disorders may suffer both physically and psychologically by their altered appearance. Our goal is to allow these children to reach their full potential, one which is not defined by their physical condition. We take a comprehensive approach to their care to make sure their life's outlook is as bright as it should be for any child.

That's why our team includes specialists who can help these children gain a level of physical and social functioning — and confidence — to help them experience life the way any child should. We also ask parents what kinds of burdens they may be facing in their lives and help them address any social concerns they may have.

Parents may also meet with other parents who have already experienced what they are going through — people who are willing to share their stories and lend support and comfort.

# We specialize in the following conditions:

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## **Craniosynostosis:**

This disorder results from premature closure or fusion of one of the sutures in the skull — slowing the growth of the skull and possibly obstructing further brain expansion. Our surgeons offer a minimally invasive approach to releasing the fused skull suture, a technique which relies on smaller incisions and is associated with less blood loss. We are able to remodel the skull and restore the head and facial skeleton to a more normal appearance.

**Cleft Lip and Palate** care is exceptional at the Pediatric Craniofacial Center.

Treatments for these conditions include surgery and close developmental team monitoring for each child. We also provide prenatal diagnosis and counseling, advanced genetic testing and dedicated support personnel.

## **Acute and Late Facial Trauma:**

Children with soft tissue injuries and facial fractures require care distinct from adults. The Pediatric Craniofacial Center specialists are leaders in the care and management of pediatric facial trauma, both acute treatment and secondary reconstructive surgery.

## **Complex congenital anomalies:**

Infants born with syndromic conditions such as hemifacial microsomia, Apert's, or Crouzon's syndromes require coordinated care and often complex surgical procedures. Other parts of the body may also be affected. The extensive network of collaborating specialists at NewYork-Presbyterian Hospital/Weill Cornell Medical Center is available to patients with craniofacial syndromes to ensure that all of their care can be delivered in one place.

## **Other conditions in which we specialize include:**

- Microtia (ear reconstruction)
- Craniofacial tumors and vascular malformations

## Still a Happy Child



Every mother thinks her baby is the most beautiful infant in the world, and Olivia Walsh was no exception. When she was born in March 2008, her mother, Elaine, adored her, but she noticed that something about the shape of her daughter’s head was not quite right. Because she was born by C-section, Olivia was not expected to have the “pointed” head that many babies have following a vaginal birth. And over time, there seemed to be a ridge running vertically up her forehead.

“Everyone said her head looked fine, but I thought it didn’t look like it should be that way,” said Mrs. Walsh. Imaging tests ordered by her pediatrician were inconclusive, but an MRI confirmed the diagnosis: metopic craniosynostosis, in which the two bones making up the forehead fuse prematurely.

Elaine and her husband, Kelly, were referred to Dr. Mark Souweidane and the team at the Pediatric Craniofacial Center at NewYork-Presbyterian Hospital/Weill Cornell Medical Center, where Olivia would undergo skull surgery to open the suture and remodel the orbital bridge of her face — all when she was just six months old.

“Olivia was such a happy baby, and I wondered if she would still have the same sweet personality after such an operation,” Mrs. Walsh recalled. “Dr. Souweidane was very easy-going and gentle, and we felt relieved when he explained everything to us very clearly.”

So on October 10, 2008, the Walshes brought their only daughter into the operating room, reassured by the confidence and compassion of the surgical team. Olivia endured the six-hour surgery well and was back at her home in Brooklyn three days later.

Although the incision spanned the top of her head from ear to ear, today she has no visible scars. But most important to her parents, today Olivia is the same vivacious little girl she always was, who loves to sing and flip through picture books. “When you have something this difficult and traumatic to go through, you have to be really confident in your doctors,” concluded Mrs. Walsh. “And we were.”

## Back to Bikes and Scooters



When Conor Salas was just a year old, his mother, Patricia, noticed an oozing pore on his nose that later sprouted two small hairs. He was diagnosed with a nasal dermoid, a rare benign tumor, which was removed surgically.

But by the time he was 4, Mrs. Salas shared concerns with her husband, Paul, that Conor's nose appeared somewhat crooked: the dermoid had returned, and this time it was growing beneath the nasal bones. He would need a fairly extensive surgery to remove the dermoid, as well as a rebuilding of the nasal bones, which had been forced apart by the tumor.

Conor's team of pediatric otolaryngologists referred them to Dr. Samuel Rhee, and the team at the Pediatric Craniofacial Center at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. Conor would require a bicoronal incision, from ear to ear, across the top of his head.

During the nearly eight-hour procedure in March 2009, otolaryngologists Drs. Max April and Vikash Modi removed the tumor. Then Dr. Rhee rebuilt Conor's nasal

bones, using thin bone grafts from the skull. Biocompatible calcium phosphate cement was used to replace the skull bone donor site and smooth any gaps. Finally, a layer of processed tissue was placed on top of everything to match the contours of Conor's forehead and nasal bridge.

"As a parent, you dread hearing that your child needs something like this, and it was frightening to think about whether he would still look like a little boy," said Mrs. Salas. "But we had a very good feeling about Dr. Rhee right from the start, and Conor took to the whole team right away."

Two days after the surgery, he returned to his family's home in Nesconset, Long Island, to join his four siblings. Today he enjoys life like many other boys his age — riding his scooter or bike and playing with his Transformers.

He is also into superheroes, and for him that was his surgeon. "It was Dr. Rhee who removed the turban-like bandage from Conor's head, which made him feel better after the surgery," said Mrs. Sales. "To Conor, Dr. Rhee was 'The Man!'"

# Our Team



**Samuel Rhee, MD,** is Co-Director of the Pediatric Craniofacial Center. He is a plastic and craniofacial surgeon at NewYork-Presbyterian

Hospital/Weill Cornell Medical Center and an Assistant Professor of Surgery (Plastic Surgery) at Weill Cornell Medical College. His clinical expertise includes **cosmetic and reconstructive plastic surgery**, especially corrective surgery for deformities of the skull, face, and jaw. Dr. Rhee regularly leads international volunteer surgical missions to countries such as China, Bangladesh and Colombia to teach surgeons and treat children with cleft lip and palate and other craniofacial conditions.



**Jill Ketner, PA-C, MSHS** is the clinical coordinator of the Pediatric Craniofacial Center. She received her training at the Weill Cornell Graduate School

of Medical Sciences. She is a board certified physician assistant. Her special clinical interests include **positional head deformity and craniofacial reconstruction**.



**Mark Souweidane, MD,** is Co-Director of the Pediatric Craniofacial Center. He is an Attending Neurological Surgeon at NewYork-Presbyterian Hospital/

Weill Cornell Medical Center and a Professor of Neurological Surgery at Weill Cornell Medical College. He has dedicated his career to the treatment of children with brain and spinal disorders. Dr. Souweidane has gained international acclaim in **minimally invasive endoscopic neurosurgery** for the treatment of hydrocephalus, intraventricular brain tumors, colloid cysts, and congenital cysts.

To make an appointment at  
The Pediatric  
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at NewYork-Presbyterian  
Hospital/Weill Cornell Medical Center,  
please call **212-746-7380** or  
e-mail Jill Ketner, Clinical Coordinator,  
at **jjk2003@med.cornell.edu**.

Learn more at our website,  
**[cornellsurgery.org/PediatricCraniofacial](http://cornellsurgery.org/PediatricCraniofacial)**

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