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HUMANITARIAN WORK AND MISSIONS

PROVIDING COMPREHENSIVE CARE FOR CHILDREN WITH HIGHLY COMPLEX CRANIOFACIAL CHALLENGES



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Significant global efforts over the past several decades have expanded access to cleft lip and palate repair. Despite this progress, a smaller but equally important population remains underserved: children with highly complex craniofacial conditions requiring comprehensive care.

The World Health Organization estimates that approximately 1 in 700 children - about 270,000 annually - are born with craniofacial deformities worldwide. While the majority of cleft lip and palate cases are addressed through established international programs, an estimated 15% - approximately 40,000 children each year - present with more complex craniofacial conditions and often lack access to adequate treatment. These children represent the primary focus of the World Craniofacial Foundation (WCF).

Founded in 1989 in Dallas, Texas by Dr. Kenneth E. Salyer, WCF was established to provide free medical care to patients with complex craniofacial pathologies, particularly those in poor social

and economic circumstances. From its inception, the Foundation has focused on facilitating care in parts of the world where appropriate specialized craniofacial treatment may not be readily available.

Between 2018 and 2025 (with no surgeries performed in 2020-2021 due to COVID-related travel restrictions), 125 children were treated through the Foundation's efforts. These patients traveled from Africa, Asia, Eastern Europe, Latin America, and North America to receive care at 11 dedicated craniofacial centers located in Argentina, Colombia, China, Italy, India, Mexico, the Philippines, Taiwan, and the United States.

Among the more common pathologies treated within WCF's experience are Syndromic and Non-Syndromic Craniosynostosis, Complex Facial Clefts, Hypertelorism, Hemifacial Microsomia, and Treacher Collins syndrome. These conditions often require coordinated surgical planning and multidisciplinary management within our established craniofacial centers.

Each case is evaluated by WCF's medical directors, taking into account the child's diagnosis as well as cultural background and ethnicity to determine the most appropriate treatment approach and center within the Foundation's network of dedicated craniofacial centers. This process ensures that care is coordinated within an institution suited to the child's clinical needs and circumstances. The Foundation operates through partnerships with specialized craniofacial centers rather than temporary outreach missions. By working within institutions already equipped to manage complex cases, care can be delivered in an environment structured for comprehensive treatment and follow-up.

WCF has been involved in some of the most technically demanding procedures in our specialty: the separation of conjoined twins. Most recently, WCF Medical Director Dr. Chris Gordon led the successful separation of conjoined twin boys, Augusto and Pedro, from Guatemala at Dayton Children's Hospital, one of the WCF's partner centers. The separation required extensive planning and close collaboration between craniofacial and neurosurgical teams.

WCF's involvement in twin separation is not new. In 2003, Dr. Salyer, was part of the team that successfully separated Egyptian conjoined twin brothers Mohamed and Ahmed in Dallas. These cases represent the highest level of complexity in craniofacial surgery and neurosurgery and require extraordinary

coordination, technical precision, and institutional support. The recent separation of Augusto and Pedro reflects the continuation of that legacy within WCF's global partnerships.

Practical barriers often represent the principal obstacle for families. Even when expertise exists, geography and financial limitations may prevent access. WCF therefore provides funding for transportation, lodging, and food for the child and caregiver so that financial constraints do not prevent treatment at an appropriate

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center. Removing these barriers is central to making comprehensive care realistically attainable.

In parallel with direct patient care, WCF places strong emphasis on education and professional development. The Foundation supports elective rotations and scholarships and maintains a dedicated craniofacial fellowship program. The fellowship program provides structured exposure to complex craniofacial cases and fosters professional exchange among institutions. The

advancement of our field depends not only on technical proficiency, but also on sustained mentorship, shared expertise, and institutional continuity.

The interruption of surgical activity during 2020-2021 highlighted the challenges inherent in international referral models. Surgical care was paused during that period, reinforcing both the dependence on cross-border mobility and the importance of durable institutional partnerships.

The experience of the past seven years demonstrates the feasibility and significance of a structured global craniofacial program tailored to meet the needs of children with highly complex craniofacial challenges on a charitable basis. While the number of children treated represents only a portion of the global need, the model illustrates how organized partnerships, rigorous case evaluation, and practical family support can extend comprehensive care beyond geographic and economic limitations.

The World Craniofacial Foundation demonstrates that comprehensive care for children with the most complex craniofacial conditions - including Apert and Crouzon syndromes, craniosynostosis, and conjoined twin separation - can be delivered globally through structured collaboration among established centers. Sustaining and expanding such efforts will depend on continued engagement across our specialty and on preserving the legacy of excellence that defines craniofacial surgery.