

STR to 10.65 years (95% CI, 6.78–14.52) in GTR. When compared to STR, GTR prolonged progression-free survival by 2.08 years (95% CI, 0.26–3.89;  $P=0.025$ ). Pooled estimates of seizure control showed an improvement from 47.8% (95% CI, 26.7–69.6) with biopsy to 54.2% (95% CI, 48.7–59.6) with STR to 81.0% (95% CI, 74.6–86.2) with GTR. Compared to STR, GTR delayed malignant transformation (RR, 0.43; 95% CI, 0.20–0.93;  $P=0.032$ ), without increasing postoperative mortality (RR, 0.38; 95% CI, 0.07–1.97;  $P=0.250$ ) or morbidity (RR, 1.22; 95% CI, 0.65–2.28;  $P=0.540$ ). **Conclusions:** Among patients with low grade gliomas, higher degrees of safe EOR, were associated with longer overall and progression-free survival, better seizure control, and delayed malignant transformation, without increased mortality or morbidity.

## P.034

### Supratentorial lateral ventricle hemangioblastoma in Von Hippel Lindau

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**Background:** Supratentorial ventricular hemangioblastoma (HB) associated with Von Hippel Lindau (VHL) are extremely rare. Due to their vascularity and location, their management can be difficult. **Methods:** A 35 year old female with VHL, has been followed for 25 years with multiple intracranial and spinal tumours. Surgical removal was carried out on one large cystic and solid posterior fossa lesion. In addition, she underwent adrenalectomy for pheochromocytoma. There were no pancreatic or renal lesions. On serial follow up for years, a left frontal ventricular lesion showed increasing size with clinical signs of increased ICP and marked hydrocephalus, requiring shunting procedures, which were carried out 11 years ago. She has been clinically stable since. **Results:** Hemangioblastomas of the CNS are rare and account for 2% of primary CNS tumours. Supratentorial location is estimated at 4% for sporadic and 13% for HB associated with VHL. The lateral ventricular location is extremely rare. Review of the literature revealed a total of 9 cases of supratentorial ventricular location. The majority of the lesions are associated with VHL and they are solid and vascular lesions. In our cases there was a cystic component. **Conclusions:** If removal is contemplated, angiography with possible preoperative embolization may be required.

## P.035

### Peritumoral brain edema in meningiomas: correlation with surgical findings and prognosis

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**Background:** Peritumoral brain edema (PTBE) in meningiomas had been a subject of interest; its occurrence in an extra-axial tumor was the reason of many studies and published data. Our study was made to evaluate the exact implication of Peritumoral brain edema in meningiomas in intraoperative and short postoperative prognosis. **Methods:** During 2006 to 2011, 45 patients with supratentorial meningiomas were studied. Intraoperatively, certain findings were

reported including: easy or difficult resection, Simpson's grade of removal, brain tumor interface, plane of cleavage, pial vascularization of the tumor and arachnoid disruption. Morbidity and mortality were recorded; also postoperative CT and/or MRI were obtained within the first 3 months. **Results:** There were 26 meningiomas (57.7%) with peritumoral edema and 19 meningiomas without (42.3%). Pial vascularization of the tumor was defined in 24 patients (53.3%), four patients (21%) had a pial blood supply in edema negative group compared to 20 patients (76.9%) in edema positive group. In this study, there was one case mortality (2.2%) in edema positive group. As regard morbidity, eight (30.6%) patients in edema positive group suffered an early postoperative morbidity this is in comparison to four patients (21%) in the edema negative group. **Conclusions:** Our study shows that PTBE in meningiomas affects the surgical prognosis and confers a higher risk of morbidity and postoperative complications. Preoperative management of PTBE and immediate post-operative monitoring are important.

## P.036

### Securing the nasoseptal flap in endoscopic transsphenoidal surgery: no Foley catheter needed!

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**Background:** The nasoseptal flap, commonly used in endoscopic transsphenoidal surgical, is typically held in position for several days post-operatively by a nasal Foley catheter balloon. The purpose of this study is to describe our experience with an alternative technique to buttress the nasoseptal flap that renders the use of a Foley catheter unnecessary. **Methods:** A review of our Halifax Neuro-pituitary Program's database identified patients who underwent endoscopic transsphenoidal surgery for a pituitary macroadenoma with nasoseptal flap, secured with small rolls of Gelfoam™ rather than a nasal Foley catheter. Minimum follow-up clinical and MRI assessments: 3 months. **Results:** 69 patients (mean follow-up: 22 months) met the inclusion criteria: 53 non-functioning and 16 functioning pituitary adenomas. 36 patients had an intraoperative CSF leak: 29 high flow and 7 low flow leaks. 35 patients were repaired by a fat +/- fascia graft. One patient had a post-operative CSF leak repaired by subsequent surgery without the use of a Foley catheter. **Conclusions:** In our experience, 1 of the 69 (1.4%) patients required post-operative CSF leak repair, well within the incidence of 1 to 3% reported in the literature. Securing the nasoseptal flap can be achieved without the use of a nasal Foley catheter.

## P.037

### Disseminated leptomeningeal hemangioblastoma in a case of Von Hippel Lindau

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**Background:** Leptomeningeal dissemination of hemangioblastomas (HB), whether sporadic or associated with Von Hippel Lindau (VHL), are extremely rare. Very scanty literature is available. **Methods:** A 36 year old female with VHL and stable pancreatic, adrenal