Efficacy of stereotactic intracavitary instillation of 90yttrium colloid for treatment of cystic sellar/parasellar tumors

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Methods: As part of a Health Canada approved clinical trial, we have enrolled nine patients (6 females, 3 males; mean age 64, range 43 to 83 years) for treatment of symptomatic and/or enlarging cysts. Ten cystic sellar/parasellar lesions underwent right frontal stereotactic insertion of 90yttrium colloid to deliver a radiation dose of 200 Gy to the cyst wall. Results: Compared with pre-treatment cyst volumes (mean 4.6 cc; range 0.8-16.1 cc), the cysts decreased in size at 3 months (2.6 cc; 0.2-10 cc) with further shrinkage (n=5) at 9 months (1 cc; 0.1-2.7 cc). Of 9 patients with pre-operation visual field defects, 6 showed improvement. The single complication was a delayed (1 month) incomplete CNIII palsy. Conclusions: Our early experience indicates that 90yttrium colloid delivered to a cystic craniopharyngioma provides an efficacious alternative to open surgery for primary treatment of these cystic lesions.

Minimally invasive endoscopic evacuation of intraparenchymal hematomas, a single centre experience

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Methods: Patients with spontaneous intracerebral hemorrhage (ICH) suffer significant morbidity and mortality with lengthy critical care and hospital stays. Minimally invasive techniques for ICH removal have shown a positive relationship between hemorrhage volume reduction and patient outcome. We describe our single centre experience with endoscopic assisted, neuronavigation guided ICH evacuation using the Apollo system. Results: Compared with pre-treatment cyst volumes (mean 4.6 cc; range 0.8-16.1 cc), the cysts decreased in size at 3 months (2.6 cc; 0.2-10 cc) with further shrinkage (n=5) at 9 months (1 cc; 0.1-2.7 cc). Of 9 patients with pre-operation visual field defects, 6 showed improvement. The single complication was a delayed (1 month) incomplete CNIII palsy. Conclusions: Our early experience indicates that 90yttrium colloid delivered to a cystic craniopharyngioma provides an efficacious alternative to open surgery for primary treatment of these cystic lesions.

A novel scale for describing visual outcomes in patients following resection of lesions affecting the optic apparatus – Unified Visual Function Scale

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Methods: Patients with ICH were discharged home either form hospital directly, or after a period of short-stay rehab. Conclusions: Significant hematoma volume reduction and improvement in midline shift is possible with the Apollo system. Degree of reduction of hematoma volume was associated with a shorter ICU Stay. Randomized controlled studies will be required to determine long term clinical benefit.