were the most frequent signs (39 and 29 cases respectively). The average Hunt and Hess score was 2.1. The cerebral CT allowed the positive diagnosis in 97.5% of the cases. The average Fischer grade was at 2.6. A confirmed arterial aneurysm in 10 patients was treated by surgery or embolization. The prognosis was good (100%).
Conclusion: Arterial hypertension is the main risk factor. Any unusual headache should evoke this diagnosis with emergency realization of a cerebral CT scan. Management in an intensive care unit, an analgesic treatment and the prevention of complications must be implemented. The main cause is vascular aneurysm's rupture. The evolution is pejorative in a general way which was not the case in our series.
Keywords: Meningeal hemorrhage, Stroke, Aneurysm

EP-1070 [Miscellaneous » Others]

The Impact of Finances in Neurosurgery - Greece: Between the Developed and the Developing World

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No one would ever argue the impact of good training in neurosurgery, nor... What doesn't cross the average neurosurgeons mind though is the impact of finances. After the Greek financial recession our hospital cannot afford a microscope, and for what matters not even a Mayfield, a Layla retraction system. And if our hospital is just an awful example, even the more privileged (public) hospitals of the capital do not have intraoperative MRIs, Navigators or blue light microscopes in order to offer current state of the art optimal care for the patients. Although the situation is much better than 3rd world countries who lack overall neurosurgical care, financial austerity can lead even a European country with a (disproportionately) large number of trained neurosurgeons to offer suboptimal care to its citizens.
Keywords: Austerity, 3rd world, Greece

EP-1071 [Miscellaneous » Others]

Chiari Type 4 Malformation with Occipitocervical Meningocele

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The Chiari malformations are a family of conditions characterized by developmental or, less commonly, acquired displacements of the cerebellum. The original 19th century description by Hans Chiari delineated 4 types, but only types 1 and 2 are more than curiosities. In his initial description, Chiari classified the hindbrain malformations into type I, II and III and then latter added type IV malformation. Type IV is a very rare type. It is characterized by cerebellar hypoplasia or aplasia and tentorial hypoplasia. There is no hind brain herniation in this type. We report a case of a 6 year old male patient who presented to us with a 6 year history of an occipitocervical mass and inability to stand and walk, and a 5 month history of headache and vomiting; chronically unwell first born child who was delivered via a normal vaginal delivery. The mother did not have an antenatal ultrasound scan. She did not suffer from any infections and did not take any medications. No family history of birth defects and malignancies. CT scan of the brain showed a midline posterior fossa bone defect with a meningocele with active obstructive hydrocephalus and hypoplastic cerebellum without hindbrain herniation. A diagnosis of a posterior fossa congenital anomaly (Chiari 4) with obstructive hydrocephalus and occipitocervical meningocele was made. Ventriculo-peritoneal shunt was inserted three days post admission, after which the signs and symptoms of raised intracranial pressure resolved. Patient was then electively taken to theatre five months later for repair of the occipitocervical meningocel.
Keywords: Chiari 4, Hindbrain, Meningocele, Hydrocephalus

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Investigation of the Factors Affecting Disability Level in Patients with Low Back Pain

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Background: This study was planned to investigate the factors affecting disability level in patients with low back pain.
Method: One hundred and ninety-five (126 female; 69 male) patients with low back pain, who applied to Neurosurgery Outpatient Clinic in Pamukkale University between January 2016 and December 2016. Pain intensity, disability level and questions about factors affecting disability level were saved together with demographic characteristics of patients. It was used Visual Analog Scale for determining pain intensity and Oswestry Disability Index (ODI) for disability level.
Results: Mean age of patients was 48.22±16.46 years. Mean of pain intensity was 6.25±2.30 and pain duration 99.45±225.77 weeks. Mean of disability level was 45.45±18.78. 119(61%) of patients while walking, 106(54.4%) of patients when standing for a long time and 103(52.8%) of patients during forward bending stated that an increase the disability level. Mostly, it was seen that walking, not working regularly and going downhill are the factors that increase pain. 137(70.3%) of the patients stated that their daily lives were partially affected because of low back pain, 49(25.1%) of the patients became unable to do anything due to pain and 9(4.6%) of the patients did not affect their daily lives.
Discussion: Because patients of low back pain do not use appropriate body mechanics in their daily routines or not pay attention to protective principles, disability level seriously affects activities of daily living. In this regard, raising awareness of patients is important in terms of preventive precautions.
Keywords: Disability level, Increasing factors, Low back pain, Precaution