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EP-1049 [Miscellaneous » Others]
Rare Neurosurgical Cases: Report of Three Cases

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In neurosurgical practice we have found so many cases variations. We operated three most uncommon tumors, one presented in the posterior fossa, another in the upper dorsal spine and rest one was peripheral nerve tumour in the forearm. 12 years old boy was suffering for headache, occasional vomiting, visual disturbances and difficulty in walking and he couldn't see on his left eye. MRI shows large posterior fossa space occupying tumour which operated and per operative finding was ependymoma but histopathology showed different one. Another case 21 years male was suffering from severe weakness of both lower limbs, difficulty in walking and micturitions and diminish sensations from mid chest. MRI shows upper dorsal intramedullary spinal cord tumor, cystic appearance seems to be astrocytoma or ependymoma but per operative finding was epidermoid which was confirmed by histopathology. Upper dorsal intramedullary epidermoid is one of the rare spinal cord space occupying lesion. Third case was 30 years old male was suffering from swelling in the right forearm which rapidly growing and hampered his daily activities. NCV result was impaired functions of ulner nerve and histopathology showed PNET.

Keywords: Posterior fossa, Dorsal epidermoid, PNET

EP-1050 [Miscellaneous » Others]
Endoscopic Bimanual and Sharp Dissection Technique for Total Resection of Colloid Cysts

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Aim: To evaluate the safety and efficacy of an endoscopic bimanual and sharp dissection technique for total resection of colloid cysts.

Method: The endoscopic bimanual and sharp dissection technique was applied in 19 consecutive patients harboring a colloid cyst from 2007 to 2016. There were 11 males and 8 females. The age of the patients ranged from 18 to 75 years (mean age 39 years). All patients presented with symptoms of occlusive hydrocephalus. Steps of surgery were cyst wall incision, cyst evacuation, choroid plexus coagulation and cutting, mobilization of the cyst into the lateral ventricle, coagulation and cutting of the cyst pedicle. The bimanual technique was used to expose the cyst pedicle sufficiently to allow a safe coagulation and cutting. Several times, the endoscopic sheath was used to retract the fornix which enabled a good exposure of the tela choroidea.

Results: The goal of surgery was total cyst resection which was achieved in all procedures. In 3 patients, major venous hemorrhage occurred which was dealt with the dry-field technique. One minor arterial hemorrhage was controlled by bipolar coagulation. Aseptic meningitis was observed in one patient. There was no permanent morbidity or mortality. The average follow-up period was 43 months (range 3-105 months). The symptoms resolved completely

in 17 patients and improved in 2 patients. To date, no recurrence has been observed.

Conclusion: The endoscopic bimanual and sharp dissection technique allows a safe total resection of colloid cysts, even when they are difficult to expose.

Keywords: Colloid cyst, Endoscopic resection, Neuroendoscopy, Navigation

EP-1051 [Miscellaneous » Others]
Effects of Modic Changes in Lumbar Spine on Pain Intensity, Disability and Quality of Life

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Aim: To assess the effects of Modic changes on pain intensity, disability and quality of life.

Method: 121 patients were included. Pain intensity was assessed using The McGill Pain Questionnaire, level of disability was assessed using The Oswestry Disability Index and quality of life was assessed using The SF-36 Health Survey. Modic changes were classified into 'Type0' (no Modic changes), 'Type1' (Type1 and 1/2) and 'Type2' (Type2, 2/3 and 3).

Results: 76(62.8%) patients had Modic changes. Of these 23(30.3%) had 'Type1' and 53(69.7%) had 'Type2'. In The McGill Pain Rating Index, patients with Modic changes had worse score than patients without Modic changes ($p=0.006$), there was no significant difference between Type1 and Type2 ($p>0.05$). Patients with Modic changes had higher level of disability in The Oswestry Disability Index scores, compared to those without Modic changes ($p=0.000$), there was no significant difference between Type1 and Type2 ($p>0.05$). Patients with Modic changes had worse score in The SF-36's dimensions of Physical Functioning ($p=0.000$), Physical Role Functioning ($p=0.000$), Bodily Pain ($p=0.008$), Emotional Role Functioning ($p=0.023$) and Social Functioning ($p=0.002$), compared to those who had no Modic changes. In these dimensions, there was significant difference between Type1 and Type2 ($p>0.05$) except Social Functioning ($p=0.030$). Modic changes have a negative effect on pain and level of disability but there is no difference between Type1 and Type2.

Conclusion: Modic changes have a negative effect on quality of life in terms of dimensions of Physical Functioning, Physical Role Functioning, Bodily Pain, Emotional Role Functioning and Social Functioning. But there is no difference between Type1 and Type2 except Social Functioning.

Keywords: Modic changes, Low back pain, Level of disability, Quality of life