

28 patients over the study period (43.3 +/- 17.3 years; 64.3% male). Indications for placement included acute lymphoblastic leukemia, diffuse large B-cell lymphoma, and leptomeningeal carcinomatosis. There was one asymptomatic peri-operative intracranial hemorrhage (3.6%), and one early infection (3.6%). All catheters were well-positioned and functional. *Conclusions:* In our retrospective single-centre case series, all catheters were placed accurately. Our results support routine use of intra-operative image guidance for proximal catheter insertion in elective Ommaya reservoir placement for intraventricular chemotherapy.

## P.093

### **Pulsatile tinnitus due to obstruction of transverse sinus by tentorial meningioma**

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doi: 10.1017/cjn.2016.195

*Background:* The etiology and treatment of pulsatile tinnitus is difficult and there are different causes for it. To our knowledge, an obstruction of the transverse sinus due to tentorial meningioma has not been reported. *Methods:* A 66 year old female presented a year ago with a sudden onset of a hissing sound in her ear which has persisted since. Neurologically she was intact. She was seen by otolaryngology who identified no cause for her tinnitus. A CT scan and MRI showed a tentorial meningioma on the right side with partial obstruction of the transverse sinus with evidence of partial chronic thrombus. *Results:* Removal of the meningioma with decompression of the transverse sinus resulted in immediate disappearance of the pulsatile tinnitus. *Conclusions:* This report can be added to the etiology of the difficult entity of pulsatile tinnitus particularly as it relates to its management.

## P.094

### **Modified Obwegeser temporal approach to the infratemporal fossa: four cases and review of literature**

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doi: 10.1017/cjn.2016.196

*Background:* The infratemporal fossa is an anatomically complex region. Lesions that arise in the infratemporal fossa are uncommon; however, their surgical resection remain challenging. Here we present a modified preauricular subtemporal approach initially described by Obwegeser et al. used in four patients with large skull base lesions. *Methods:* Retrospective case series of 4 patients *Results:* Four patients with various lesions of the infratemporal fossa (aneurysmal bone cyst, giant cell tumor of the bone, recurrent melanoma and recurrent clival chordoma) underwent surgical resection using the modified Obwegeser approach. A multidisciplinary team cared for patients consisting of maxillofacial surgery, otolaryngology and neurosurgery. After either nasotracheal intubation or tracheostomy, the patient's jaw was temporarily wired shut. A curvilinear incision was fashioned and the root of zygoma was exposed (masseter attached) and osteotomized followed by inferior mobilization. The mandibular condyle is osteotomized next and TMJ disarticulated with temporalis muscle still attached and reflected superiorly. Surgical resection

of tumor then proceeded centered around the region bridging the temporal and infratemporal fossae. Reconstruction was carried out using plates and screws. *Conclusions:* The modified Obwegeser approach can provide safe and direct access to certain infratemporal fossa lesions with good cosmesis and functional outcome for patients without substantially increasing OR time.

## NEURO INTERVENTIONAL

## P.095

### **Clinical outcomes following carotid angioplasty and stenting in patients over age of 75: Careful patient selection overcoming the age-effect**

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doi: 10.1017/cjn.2016.197

*Background:* CAS is reported to have higher complication rates in elderly compared to younger patients. This effect may be a surrogate for unfavourable anatomy (tortuosity, arch/access vessel atheroma burden) for endovascular treatment. We report our experience with 42 highly selected patients with favourable anatomy in spite of age. *Methods:* From a cohort of 217 consecutive patients undergoing CAS at St Michael's Hospital from 2010-2016, stroke and a composite outcome of stroke, MI or death at 30 days post procedure was recorded. We compared outcomes in patients below and above the age of 75. *Results:* In 217 patients, 175 (80.7%) were below and 42 (19.3%) were above age 75 years. The stroke rate was 1.7% (n=3) and 2.4% (n=1), for patients below and above age 75 years respectively (p=0.58). The composite outcome rate was 4.0% (n=7) and 4.8% (n=2) for patients below and above age 75 years respectively (p=0.69). *Conclusions:* Patients without high-risk anatomic features were selected for CAS treatment. In this selected group, outcomes for those older than 75 years are comparable to the younger age category. Complication rates were comparable to the results in major randomized symptomatic carotid trials.

## P.096

### **A single institution experience with 217 average risk patients undergoing carotid angioplasty and stenting in the post CREST era, a real life experience**

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doi: 10.1017/cjn.2016.198

*Background:* The CREST trial remains the most influential study regarding choice of treatment modality for carotid revascularization in the modern era. The effect of the CREST trial on patient outcomes and changes to clinical practice are yet to be fully elucidated. *Methods:* We report a cohort of 217 consecutive symptomatic average risk patients undergoing CAS at St. Michael's Hospital, between 2010 and 2016. Outcome measures were stroke, MI and death at 30 days post procedure. Of the 217 patients, 42 were above the