vague descriptions like “improved”, “worsened”, and “unchanged” to describe outcomes following resections of tumours affecting the optic apparatus, which are difficult to quantify in a clinical setting. *Methods:* We present a novel way to describe a patient’s visual function as a combination of visual acuity and visual field assessment that is simple to use and can be used by surgeons, and researchers to gauge visual outcomes following tumour resection. *Results:* With our scale we were able to capture the overall visual change while being sensitive enough to define the overall quantity of improvement or worsening quantitatively, using categories that are clinically relevant and understandable. *Conclusions:* The implementation of pre- and post- operative assessment provides clinically relevant information for surgeons and is robust for routine use.

Visual Fields	Visual Acuity		
	20/20 – 20/50	20/50 – 20/200	< 20/200
> 120° along horizontal axis and > 15° above and below level of fixation	A	B	C
< 120° along horizontal axis or < 15° above and below level of fixation > 20°	B	B	C
< 20°	C	C	C

P.021

Surgical management of incidentally discovered diffusely infiltrating glioma

*M Opoku-Darko (Calgary) S Lang (Calgary) J Kelly (Calgary) M Cadieux (Calgary)**

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Background: Occasionally low grade gliomas (LGGs) are identified incidentally while asymptomatic. The diagnosis of incidental LGGs has become more frequent due to increase in access to medical imaging. While management of these lesions remains controversial, early surgery has been suggested to improve outcome. *Methods:* All LGGs treated between 2004 and 2016 at our institution were reviewed. Patients with incidentally discovered glioma were identified and retrospectively reviewed. “Incidental” was defined as an abnormality on imaging that was obtained for a reason not attributable to the glioma. Outcomes were measured by overall survival, progression free survival and malignant progression free survival. *Results:* Thirty-four out of 501 adult patients who were treated for low grade glioma were discovered incidentally. Headache (26%, n=9) and screening (21%, n=7) were the most common indications for brain imaging. The mean duration follow up was 5 years. Twelve patients had disease progression, 5 cases of malignant progression and 4 deaths. Oligodendroglioma was diagnosed in 16 and astrocytoma in 15 patients. Twenty-five (74%) patients had IDH1 mutation and demonstrated prolonged survival. *Conclusions:* This retrospective cohort of incidentally discovered LGGs were surgically removed with minimal surgical risk. There is improved overall survival likely attributable to the underlying favorable biology of the disease indicated by the presence of IDH1 mutation.

P.024

An atypical presentation of neurocysticercosis: a Manitoban case

*PA Szelemej (Winnipeg) E Wiens (Winnipeg) J Silvaggio (Winnipeg) M Bigder (Winnipeg)**

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Background: Neurocysticercosis is the world’s leading cause of epilepsy and the most common helminthic disease affecting the human nervous system. It is relatively rarely seen in developed nations, and usually presents clinically with seizures. *Methods:* This case report was prepared using the patient’s hospital chart, and a review of the literature was undertaken using PubMed. This case was subsequently compared and contrasted to the known neurocysticercosis literature. *Results:* This is the case of an otherwise healthy 38 year old Nepalese female who presented with a history of headaches. Nonspecific in nature, they had worsened in the past couple of weeks, thus prompting appropriate imaging of the head. A large 4 cm ring enhancing lesion with edema and mass effect was discovered in the right anterior temporal lobe. No other neurological findings were found on exam. Pathological analysis confirmed a larval scolex of T. solium. *Conclusions:* Aside from being an unusual pathology to be seen in Manitoba, this case is unique in both its clinical and radiographic presentations. There were no seizures noted on presentation, and a significant amount of mass effect was seen around a large lesion, all unusual features for neurocysticercosis.

General Pediatric Neurology

P.025

Magnetic resonance imaging in pediatric recurrent ophthalmoplegic cranial neuropathy

A Alawadhi (Montreal) C Saint-Martin (Montreal) M Oskoui (Montreal)*

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Background: Recurrent ophthalmoplegic cranial neuropathy (ROCN), previously called ophthalmoplegic migraine, is characterized by recurrent episodes of headache and ophthalmoplegia of unclear etiology. Characteristic neuroimaging findings can support the diagnosis. *Methods:* A case report and review of the literature. *Results:* We present a 6-year-old girl with a past history of migraine headaches associated with retroorbital pain since 4 years of age. Family history is positive for migraine. She presented with a half a day history of left eye ptosis, 10 days post a resolved gastroenteritis which was associated with headaches. Examination showed only a left eye ptosis, pupil-sparing with no exotropia or diplopia. There was no headache. The rest of the neurologic examination was normal. Investigations showed normal blood tests and lumbar puncture. MRI head showed on thin cuts asymmetric nodular thickening (4mm) of the origin of the cisternal segment of the left oculomotor nerve, with corresponding homogeneous enhancement post gadolinium infusion. Clinical resolution occurred spontaneously within 48 hours. A review of the literature highlights focal thickening and enhancement of the affected cranial nerve, with resolution of enhancement post-acute