الجمعية التونسية لجراحة الجهاز العصبي
TUNISIAN SOCIETY OF NEUROSURGERY

CONGRESS OF THE TUNISIAN SOCIETY OF NEUROSURGERY

September 13 & 14, 2024
MovenpicK Hotel Sousse

Topics :

Spheno-orbital meningiomas & Orbital tumors

Awake surgery/craniotomy for low-grade gliomas

Minimally invasive spine surgery

Scientific Sessions

Conferences

Oral presentations

Videos session

Guest speakers

Pr. Emmanuel Gay

Pr. Hugues Duffau

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Dear Colleagues and Friends,

On behalf of the Tunisian Society of Neurosurgery, it is a great pleasure to welcome you to our annual congress, scheduled for September 13th and 14th, 2024, at the Mövenpick Hotel in Sousse. This congress promises to be a pivotal event in our field, focusing on critical topics such as spheno-orbital meningiomas and orbital tumors, awake surgery/craniotomy for low-grade gliomas, and minimally invasive spine surgery.

We are honored to host distinguished Tunisian and international experts who will enrich our sessions with their insights and experiences. This gathering presents a unique opportunity for all neurosurgeons to engage in stimulating discussions and exchange knowledge.

I cordially invite you to join us in the beautiful city of Sousse. Your participation will be a valuable contribution to the success of this event. Finally, we wish you a pleasant stay in Sousse, a memorable gathering, and a successful event.

Looking forward to welcoming you in September.

Warm regards,

Prof Mohamed BADRI

Congress President

Dear Colleagues

It's my great pleasure to welcome you all in our upcoming congress of the Tunisian Society of Neurosurgery to be held in Sousse on September 13th-14th, 2024.

Our organizing and scientific committee are working hard to ensure a memorable event. A rich and remarkable scientific program was prepared.

I really appreciate the contribution of our honorable speakers from France and also from Tunisia. They will generously share their experience and knowledge.

Finally, I would like to personally extend again a heartfelt welcome to all of you and to express my sincere gratitude for your contribution to the success of our meeting.

Looking forward to having you all in Sousse.

Prof Mehdi DARMOUL

President of the Tunisian Neurosurgery Society

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CONGRESS PROGRAM

Friday, September 13, 2024, 3:00pm-6:30pm

1:00 pm **Registration and Welcome Ceremony**

3:00 pm - 4:00 pm

Oral presentations: SPINE

Chairmen: Dr Ladib, Dr Kammoun, Dr Rkhami, Dr Maamri

3:00 pm - 3:07 pm **Management of myelomeningocele: 30 cases**

Achoura S., Hattab O., Yedeas M.D., Ammar H., Harbaoui A., Radhouane K., Chkili R.

Department of neurosurgery - Military Hospital – Tunis

3:07 pm - 3:14 pm **Laminoplasty versus laminectomy in the treatment of cervico-arthrosic myelopathies**

Akremi M.S., Sanna M.H., Kammoun C., Bennour S., Bellil M., Ben Salah M.

Department of orthopedic surgery - Charles Nicolle Hospital – Tunis

3:14 pm - 3:21 pm **Thoracic disc herniation: A report of 15 cases**

Achoura S., Guidarra F., Yedeas M.D., Ammar H., Harbaoui A., Radhouane K.,Chkili R.

Department of neurosurgery - Military Hospital - Tunis

3:21 pm - 3:28 pm **Benefits of 3D printing in the management of rheumatic C1-C2 instability**

Akremi S., Bennour S., Benammou A., Sanaa M.H., Bellil M., Ben Salah M.

Department of orthopedic surgery - Charles Nicolle Hospital – Tunis

3:28 pm - 3:35 pm **Clinical and radiological outcomes of ALIF in degenerative disc disease L5-S1**

Seddik A., Bennour S., Benammou A., Sanaa M.H., Bellil M., Ben Salah M.

Department of orthopedic surgery - Charles Nicolle Hospital – Tunis

3:35 pm - 3:42 pm **Induced scoliosis by spine osteoblastoma in children: about 2 cases**

Chahed H.E., Arfa W., Ben Amara M.A., Jenzri M., Jlalia Z.

Pediatric Orthopedics - Kassab Institute of Orthopedics – Mannouba

3:42 pm - 3:49 pm **Primary intramedullary glioblastoma: about two cases and review of literature**

Sliti F., Belhadj A., Slimane A., Ghedira K., Bouali S., Abdelrahmen K., Bouhoula A., Ben Said I., Kallel J.
Neurosurgery Department - National Institute of Neurology - Tunis

Discussion

4:00 pm – 4:30 pm **Coffee break**

4:30 pm – 6:30 pm

Plenary session 1: MINIMALLY INVASIVE SPINE SURGERY AND NEUROSURGERY: STATE OF THE ART IN TUNISIA

Chairmen: Dr Ksira, Dr Bsili, Dr Bouali, Dr Ben Nsir

4:30 pm – 4:50 pm **Tubular & Microscopic dissectomy**
Dr Sadok BEN AMOR

4:50 pm – 5:10 pm **Monoportal endoscopy**
Dr Dehmani YEDEAS

5:10 pm – 5:30 pm **Unilatral Biportal Endoscopy: how to Adopt and change?**
Dr Mohamed BADRI

5:30 pm – 5:50 pm **MISS TLIF: How we do it?**
Dr Firas JARAYA

5:50 pm – 6:10 pm **Navigation & robotics in MISS**
Dr Mohamed CHABAANE

6:10 pm – 6:30 pm **Complications in MISS**
Dr Brahim KAMMOUN

Discussion

CONGRESS PROGRAM

Saturday, September 14, 2024, 9:00am–8:00pm

9:00 am – 10:00 am

Oral presentations: VARIOUS

Chairmen: Dr Kallel, Dr Bahri, Dr Kolsi, Dr Abderrahmen

9:00 am – 09:07 am — **Endoscopic third ventriculo-cisternostomy in hydrocephalic children under 2 years: what's the appropriate age to operate?**

Latrach R., Ben Fradj R., Hattab O., Gallaoui S.
Department of Neurosurgery - Sahloul Hospital – Sousse

9:07 am – 09:14 am — **Management of normal pressure hydrocephalus in a population of southern Tunisia.**

Benbelgacem A., Moalla K.S., Maatoug A., Sakka S., Damak M., Mhiri C., Boudawara M.Z.
Departments of Neurosurgery and Neurology - Habib Bourguiba Hospital – Sfax

9:14 am – 09:21 am — **Post-operative outcomes in adult chronic hydrocephalus: A retrospective analysis.**

Daoued A.A., Krifa M.I., Ghorbel M., Abid F., Darmoul M.
Neurosurgery Department - Fatouma Bourguiba Hospital – Monastir

9:21 am – 09:28 am — **Predicting supratentorial meningioma WHO grade using fractal dimension and lacunarity analysis on preoperative MRI: A retrospective study of 44 cases.**

Ben Ali A.[1], Hadhri M.M.[2], Abdellali M.[1], Zrig A.[1], Darmoul M.[2]
1. Radiology Department A - 2. Neurosurgery Department - Fattouma Bourguiba Hospital – Monastir

9:28 am – 09:35 am — **Glioblastoma in young adults: Retrospective series of 11 cases.**

BelKahla G., Ghorbel M., Daoued A.A., Darmoul M.
Neurosurgery Department - Fatouma Bourguiba Hospital – Monastir

9:35 am – 09:42 am **Ultrasound-guided percutaneous ventriculo-atrial shunt placement: Experience of the Military Hospital of Tunis**

Lafif S., Akrout F., Guidara F., Yedeas M.D., Achoura S., Harbaoui A., Chkili R.
Neurosurgery Department - Military Hospital – Tunis

9:42 am – 09:49 am **Eye-sparing surgery for orbital tumours: The Center for Traumatology and Major Burns experience**

Belhajali K., Zouaghi M., Bedoui A., Ben Atig F., Guediche S., Gader G., Rkhami M., Badri M., Bahri K., Zammel I.
Neurosurgery Department - Trauma & Burns Center - Ben Arous

Discussion

10:00 am – 10:30 am **Coffee break**

10:30 am – 1:00 pm

Plenary session 2: ORBITAL TUMORS & SPHENO-ORBITAL MENINGIOMAS

Chairmen : Dr Yedeas, Dr Zammel, Dr Gay, Dr Boudawara

10:30 am – 11:00 am **Spheno-orbital meningioma surgery**

Dr Emmanuel GAY

11:00 am – 11:30 am **Pretemporal approach with anterior extradural clinoidectomy for spheno-pteroclival meningiomas**

Dr Lassaad BSILI

11:30 am – 12:00 pm **Surgery of orbital tumors**

Dr Emmanuel GAY

12:00 pm – 12:30 pm **Ophthalmological approaches to intraconal tumors**

Dr Amel CHEBBI

Discussion

1:00 pm – 3:00 pm **Lunch break**

3:00 pm – 4:00 pm
VIDEO-SURGERY SESSION & ORAL PRESENTATIONS
Chairmen : Dr Guesmi, Dr Ben Said, Dr Chkili, Dr Harbaoui

3:00 pm – 3:07 pm **Recurrent intramedullary lumbar epidermoid cyst : Video case**
Mansour W., Gader G., Bahri F., Bel Haj Ali K., Bedioui A., Guediche S., Zouaghi M., Rkhami M., Badri M., Bahri K., Zammel I.
Neurosurgery Department - Trauma & Burns Center - Ben Arous

3:07 pm – 3:14 pm **Endoscopic surgery of a pituitary corticotrope microadenoma**
Maamri K., Trifa A., Daoued A., Darmoul M.
Neurosurgery Departement - Fatouma Bourguiba Hospital – Monastir

3:14 pm – 3:21 pm **Pretemporal transclinoidal approach for ruptured posterior communicate artery aneurysm**
Bsili L.

3:21 pm – 3:28 pm **Cysto-subarachnoid shunt for an intramedullary arachnoid cysts: A video case**
Hdhili H., Gader G., Kharrat M.A., Mzoughi E., Bedioui A., Guediche S., Zouaghi M., Rkhami M., Badri M., Bahri K., Zammel I.
Neurosurgery Department - Trauma & Burns Center - Ben Arous

3:28 pm – 3:35 pm **Posterior trans callosal approach**
Ben Amor S.

3:35 pm – 3:42 pm **Vagus nerve stimulation: The experience of the HMPIT neurosurgery department**
Achoura S., Bidoui I., Kammoun H., Yedeas M.D., Ammar H., Harbaoui A., Radhouane K., Chkili R.
Department of neurosurgery - Military Hospital – Tunis

3:42 pm – 3:49 pm **Neurosurgical experience in a neuro-surgically underserved region: A civil service year in Medenine Regional Hospital**
Souei Z., Ben Amara S., Ferjani S.
EPS Habib Bourguiba - Medenine

3:49 pm – 3:56 pm **Working in a regional hospital: A challenging mission**
Cherif I., Hachicha A., Belmabrouk H., Znazen M., Ben Helal H.

Discussion

4:00 pm – 4:30 pm **Coffee break**

4:30 pm – 6:30 pm
Plenary session 3: AWAKE SURGERY FOR LOW-GRADE GLIOMAS
Chairmen : Dr Duffau, Dr Darmoul, Dr Ben Amor, Dr Khouja

4:30 pm – 4:00 pm **Imaging of low-grade gliomaswhite matter fiber tractography**
Dr Salim HEMISSA

5:00 pm – 5:30 pm **Preserving quality of life after connectome-guided resection in patient with low-grade glioma**
Dr Hugues DUFFAU

5:30 pm – 6:00 pm **Establishing an awake neurosurgery program: difficulties & challenges**
Dr Sadok BEN AMOR

6:00 pm – 6:30 pm **Surgery of insula gliomas**
Dr Hugues DUFFAU

Discussion

7:00 pm – 8:00 pm **Closing Ceremony**

Oral Presentations

CO1- Management of myelomeningocele : 30 cases

Sameh ACHOURA, Omar HATTAB ,Khaled RADHOUEN, Hichem, AMMAR, Ahmed HARBAOUI, Med Dehmani YEDEAS, Ridha CHIKILI
Department of neurosurgery Military Hospital of Tunis

Abstract :

Meyelomeningocele (MM) is a congenital anomaly in the development of the nervous system and spine.

The management of MM is complex, and postnatal surgery is only palliative. Surgical treatment has improved the prognosis of MM, but it is not without complications that can have serious consequences. Several risk factors are incriminated in the genesis of these various complications.

The aim of this study was to identify the complications associated with MM surgery and their frequency, and to determine the associated risk factors.

This was a descriptive, retrospective, longitudinal study including patients operated on for MM in the neurosurgery department of HMPIT , over a 20-year period (2003 to 2022).

CO2- Laminoplasty versus Laminectomy in the treatment of cervico-arthrosic myelopathies

Akremie Med Seddik, Akremie M.S - Sanna M.H - Kammoun C - Bennour S . Bellil M - Ben salah M
Service orthopédie Charles Nicolle

Abstract :

Introduction:Cervico-arthrosic myelopathy (CAOM) is the most common cause of non-traumatic spinal cord injury in adults and elderly subjects.although the natural history of CAOM may include periods of neurological stability. The aim of our study is to compare the results of laminoplasty with those of laminectomy with fixation in the treatment of cervico-arthrosic myelopathies.Materials and methods:This is a retrospective study, involving patients operated on for cervico-arthrosic myelopathies by laminoplasty or by laminectomy with posterior fixation, at the Department of Orthopaedic and Traumatological Surgery at Charle Nicoles Hospital, between January 2015 and January 2022.Results:Our study involves 28patients.15 patients underwent laminoplasty or laminectomy with posterior fixation, at the Department of Orthopaedic and Traumatological Surgery at Charle Nicoles Hospital, between January 2015 and January 2022. For laminoplasty, the mean VAS preop was 5.3. The average postoperative VAS was 2.4.For laminectomy, the average preoperative VAS was 6. The average VAS post-op is 3. For laminoplasty, the average Nurick score preop is 2.8. For laminectomy, The mean post-op is 12,.For laminectomy, the mean preop JOA score is 11. Conclusion: Posterior surgical treatment, including laminoplasty and laminectomy, leads to clinical and radiological improvement.

CO3- Intérêt de l'impression 3D dans la prise en charge de l'instabilité C1-C2 Rhumatismale

Seddik Akremi, S.Bennour, A. Benammou, M.H.Sanaa , M.Bellil, M.Ben Salah

Service de chirurgie orthopédique et traumatologique Hôpital Charles Nicolle

Abstract :

Introduction :L'instabilité c1-c2 est une complication fréquente de la polyarthrite rhumatoïde avec une morbidité non négligeable

Le traitement chirurgical est indiqué au cas par cas selon la présentation clinique et radiologique avec un risque accru de complications neurologique et vasculaire.

Méthodes : Six malades ont été pris en charge dans notre service entre 2022 et 2023 pour une instabilité c1c2 Les 6 patients on bénéficie d'une IRM vertebromedullaire diagnostic ainsi qu'une TDM de la région cervicale

Un modèle 3D spécifique au patient a été préparé ainsi qu'un ancillaire de vissage par la technique d'impression 3D ont été préparé A partir de ce modèle 3D nous avons étudié les différentes déformations, malformations et anomalies anatomiques et une simulation des trajets des vis a été réalisé.

Résultat : 3 patients ont bénéficié d'un vissage C1-C2 selon la technique de HARMS. Un patient a eu une arthrodèse occipitocervicale devant une malformation de la masse latérale de l'atlas et impossibilité de vissage. Une arthrodèse en position vicieuse a été découverte chez une patiente.Une indication a un vissage C1C2 a été change devant une impossibilité de vissage a la simulation .Aucune complication neurologique n'a été rapporté pour les patient opérée.

Conclusion L'impression 3D permet d'anticiper les difficultés opératoires et de limiter les complications spécifiques . En plus de l'apport a la chirurgie elle présente un important outil pedagogique.

CO4- Résultats cliniques et radiologiques de l'ALIF dans la discopathie degenerative L5S1

Seddik Akremi, S.Bennour, A. Benammou, M.H.Sanaa , M.Bellil, M.Ben Salah

Service de chirurgie orthopédique et traumatologique Hôpital Charles Nicolle

Abstract :

Introduction :L'arthrodèse intersomatique lombaire antérieure (ALIF) est une technique chirurgicale largement reconnue pour les pathologies dégénératives de la colonne vertébrale .

Methodes :Il s'agit d'une étude rétrospective monocentrique portant sur les patients opérées par ALIF entre 2014 et 2023 . Nous avons etudié les caractères epidémiologiques et cliniques de la population opérée . Les résultats radiologiques ont été evalués par des radiographies standards pratiquées en post opératoire immédiat à 1 mois , à 6 mois et à 1 an . Le « oswestry disability index » modifié (ODI) a été évalué en pré et post opératoire . Nous avons noté les complications per et post operatoire

Résultats : Notre étude a inclus 25 patients dont 16 femmes et 9 homme avec un age médian de 52,6 ans . On rapporte un seul cas de plaie veineuse suturée par les chirurgiens vasculaires . .L'hémoglobine préopératoire moyenne était 12,9 g/dl et le post opératoire était 11 ,6 g/dl .L'ODI préopératoire était en moyenne 40.6% avec nette amélioration post opératoire evaluée à 15.6%. (p = 0.02).

Conclusion : L'ALIF est une alternative chirurigcale miniinvasive pour la prise en charge de la discopathie degenerative.La planification permet d'eviter les complications vasculaires

CO5- Thoracic Disc Herniation; A report of 15 cases

Sameh ACHOURA, Firas GUIDARRA, Med Dehmani YEDAS, Hichem AMMAR, Ahmed HARBAOUI, Khaled RADHOUEN, Ridha CHIKILI
Department of neurosurgery Military Hospital of Tunis

Abstract :

Surgical treatment for herniated thoracic discs is rare and comprises between 0.15% and 4% of all disc operations. Historically, treatment of this disorder has been problematic.

The presence of severe and/or progressive myelopathy is generally regarded as an absolute indication for surgery.

Thoracic disc herniation isa rare disease, more often located at the lower thoracic spine. Because of its slowly progrssiv evolution, the diagnostic is

delayed until the patient will present a paraparesis. At this time, the disc herniation is usually huge and the result of the disc removal is quite uncertain.

A retrospective study of 15 cases 11 male and 4 female, mean age: 57 year old (range, 21-73 years) who underwent surgery for Thoracic disc herniation.

We report the clinical aspect, surgical management and outcome of this pathology.

CO6- Primary intramedullary glioblastoma : about two cases and review of literature

Firas Sliti, A.Belhadj, A.Slimane, K.Ghedira, S. Bouali, K.Abdelrahmen, A. Bouhoula,I.Ben Said, J.Kallel
Neurosurgery Departrement, National Institute of Neurology, Tunis.

Abstract :

Background : Primary spinal cord (SC) neoplasms are rare entities, accounting for 2–4% of all central nervous system tumors. Amongst these, astrocytomas represent only 6–8% of all intramedullary tumors, with 75–90% of them being low grade gliomas. Therefore, SC glioblastoma multiforme (GBM) is extremely rare.

Methods : We present the case of two patients, the first aged 52, with a penicillin allergy who presented with paresthesia in both lower limbs progressing for about 12 months, followed by the rapidly progressive onset of spastic paraplegia. Spinal cord MRI showed the presence of an intramedullary process eccentric to the right and extending from C4 to C6. The second was 20 years old with similar gait disorders with intramedullary expansive process from D7 to D11. A complete resection was performed.

Results: Until 2024, fewer than 250 cases of intramedullary GBM have been reported in the literature. Unlike its intracranial counterpart, the primary spinal cord GBM has a predilection between the second and third decade of life. Therapeutic options for primary spinal cord GBM are similar to intracranial GBM. Complete resection with the greatest preservation of neurological function is the most recommended surgical approach.

Conclusions :GBM of the spinal cord is rare and has the same dismal prognosis as brain GBM. The benefits of radical excision of such a tumor with the inherent risk of neurological worsening may be debatable.

CO7- Induced scoliosis by spine osteoblastoma in children: about 2 cases

Houssem Eddine Chahed, Wajdi Arfa - Mohamed Amine Ben Amara - Mourad Jenzri - Zied Jlalia
Pediatric Orthopedics - Mohamed Kassab Institute of orthopedics, Manouba, Tunisia

Abstract :

Case 1: A 14-year-old boy presented with persistent back pain that had been evolving for 8 months. The X-ray of the spine showed a thoraco-lumbar scoliosis and an osteolytic lesion on the posterior arch of T11. CT revealed a hetero-dense expansile bony lesion arising from the posterior hemiarch of the T11 vertebra, having lytic and sclerotic components. MRI showed a well limited oval-shaped lesion appearing hypo intense on T1 and T2 sequences without compression of the spinal cord. The diagnosis of O.B has been suggested. Surgical resection of the posterior right posterior arch of T11 was performed through a posterior approach. Histological exam confirmed the diagnosis of OB. The post-operative period was marked by a spectacular disappearance of pain, but the scoliosis progressively increased.

Case 2: A 9-year-old boy without relevant medical history presented with persistent back pain for 6 months The X-ray of the spine showed a thoraco-lumbar scoliosis and enlargement of the right pedicle at T8. CT and MRI showed a lesion on the right pedicle of T8, extending to the posterior part of the vertebral body without compression of the spinal cord, corresponding to OB. Resection of the right pedicle of T8 and the adjoining part of the vertebral body was performed via a posterior approach. Instrumentation with pedicle screws from T7 to T9 was added to ensure stability. Histological exam confirmed the diagnosis of OB. The evolution was favorable, the child was pain free.

CO8- Endoscopic third ventriculo-cisternostomy in hydrocephalic children under 2 years: what's the appropriate age to operate?

Roua Latrach, Rihab Ben Fradj, Omar Hattab, Slim Gallaoui
Department of Neurosurgery Sahloul Hospital Sousse

Abstract :

At what age should endoscopic third ventriculo-cisternostomy (ETV) be performed in children under two years old? This question has been debated since the discovery of ETV. Multiple studies have been conducted, yielding varying results.

In this article, we present two cases of infants under two years old where ETV failed, necessitating the placement of a ventriculo-peritoneal shunt.

Our aim is to review the literature to discuss, and if possible, define the appropriate age for performing ETV, while also considering other relevant factors.

Can we specify an age limit for performing ETV in children under two years old? Additionally, is age the only factor influencing the success or failure of ETV, or are there other factors to consider?

CO9- Management of Normal Pressure Hydrocephalus in a population of southern Tunisia

Amal Benbelgacem, K.S. Moalla ; A. Maatoug ; S.Sakka ; M.Damak; C. Mhiri ; M.Z. Boudawara

Departments of Neurosurgery and Neurology . UHC Habib Bourguiba –Sfax (Tunisia)

Abstract :

INTRODUCTION: Normal pressure hydrocephalus (NPH) is a curable cause of dementia. The Adams-Hakim triad associating gait problems , cognitive disorders and urinary incontinence is characteristic of the diagnosis.

METHODS and RESULTS : We present a retrospective study carried out in the neurology and neurosurgery departments of the Habib Bourguiba University Hospital in Sfax over a 5-year period. This study included patients followed for HPN. Epidemiological, clinical, radiological and dynamic parameters (of subtractive lumbar puncture (LP)) as well as various therapeutic and evolutive data were studied.

We enrolled 24 patients. The sex ratio was 2H/1F with a mean age of 62 years. In 41% of cases, memory disorders were inaugural, followed by gait and urinary disorders. Brain imaging revealed ventriculo-megaly with disproportionate subarachnoid spaces. All patients underwent an average of three subtractive LPs. Seven patients underwent ventriculo-peritoneal shunting , with marked improvement in walking.

DISCUSSION: Pre- and post-LP evaluation confirms the diagnosis and predicts improvement in gait by ventriculo-peritoneal shunting , which will help to distinguish good candidates for surgery. However, inaugural memory impairment is a poor prognostic feature.

CONCLUSIONS : NPH is a pathology of elderly people. The presence of co-morbidities may further explain the inadequate results of treatment.

CO10- Post-Operative outcomes in Adult Chronic Hydrocephalus: A Retrospective Analysis

Ahmed Amine - Daoued, M.I. Krifa, M. Ghorbel, F. Abid, M. Darmoul
Neurosurgery Departement, Fatouma Bourguiba University Hospital Of Monastir, Tunisia

Abstract :

**Introduction : Adult chronic hydrocephalus is a neurological disorder characterized by the accumulation of cerebrospinal fluid (CSF) within the ventricles, leading to motor dysfunction, cognitive decline, and sphincterial disturbances. The primary treatment involves ventriculoperitoneal (VP) shunting, which aims to alleviate symptoms and improve functional outcomes

**Materials and Methods : A retrospective study was conducted on 50 patients diagnosed with adult chronic hydrocephalus and treated with VP shunt placement at the neurosurgery department of Fatouma Bourguiba Hospital of Monastir between January 2020 and December 2023

**Results : Post-operatively, 70% of patients demonstrated significant improvement in motor function, particularly in gait stability and coordination. Sphincterial control improved in 64% of patients, with a notable reduction in urinary incontinence. Cognitive functions showed improvement in 58% of patients, with better memory recall based on the Mini Mental State Examination (MMSE) and enhanced attention span. The overall quality of life, as measured by patient-reported outcomes, improved in 76% of cases. However, a subset of patients (20%) showed minimal to no improvement in cognitive function, suggesting the need for further investigation into factors influencing cognitive recovery.

**Conclusion : Further studies are needed to explore factors influencing the variability in cognitive recovery post-operatively.

CO11- Predicting Supratentorial Meningioma WHO Grade Using Fractal Dimension And Lacunarity Analysis On Preoperative MRI: A Retrospective Study Of 44 Cases.

Azza BEN ALI[1], MM Hadhri[2], M. Abdellali[1], A. Zrig[1], M. Darmoul[2]
1.Radiology Department A, Fattouma Bourguiba University Hospital.
2.Neurosurgery Department, Fattouma Bourguiba University Hospital.

Abstract :

Introduction: Understanding the correlation between MRI features and histopathological grading of meningiomas is essential for clinical management. This study explored the relationship between advanced shape analysis parameters—fractal dimension (FD) and lacunarity—and WHO grading and brain invasion in supratentorial meningiomas. Methodology: A retrospective analysis of 44 patients with histologically proven supratentorial meningiomas, treated at the Department of Neurosurgery of Fattouma Bourguiba Monastir between 2015 and 2023, was conducted. Exclusion criteria included en-plaque subtypes, recurrent cases, and multiple or large meningiomas. Pre-operative MRI T1WI contrast-enhanced images were analyzed using ImageJ, with FD calculated via the FracLac plugin. Results: Significant correlations were found, such as skull-base tumors with low-grade meningiomas ($p = 0.048$) and T2 heterogeneous signals with high-grade meningiomas ($p = 0.013$). High-grade tumors showed irregular shapes, spiculations, heterogeneous enhancement, and CSL cleft sign ($p < 0.001$, $p = 0.005$, $p = 0.001$). FD and lacunarity were linked to high-grade meningiomas ($p = 0.014$, $p = 0.047$). Multivariate analysis indicated that spiculations/lobulations in preoperative MRI were independently associated with high-grade tumors (OR = 35, $p = 0.002$). Conclusion: Advanced shape analysis parameters, including FD and lacunarity, provide valuable insights into supratentorial meningiomas.

CO12- Glioblastoma in young adults: Retrospective series of 11 cases

Ghassen BelKahla, M. Ghorbel, A.A Daoued, M. Darmoul
Neurosurgery Departement, Fatouma Bourguiba University Hospital Of Monastir, Tunisia

Abstract :

**Introduction : Glioblastoma (GBM) is the most aggressive primary brain tumor, predominantly affecting older adults. However, its occurrence in young adults, although rare, presents unique clinical challenges and prognostic factors.

**Materials and Methods : A retrospective review was conducted on 11 young adult patients (aged 18-40 years) diagnosed with glioblastoma and treated surgically at the neurosurgery department of Fatouma Bourguiba University Hospital of Monastir starting from January 2022 to December 2023.

**Results : Among the 11 cases, the mean age at diagnosis was 32 years, with a slight male predominance (7 males, 4 females). The most common presenting symptoms were headaches (73%) and seizures (55%). Tumors were predominantly located in the frontal and temporal lobes. Gross total resection was achieved in 45% of cases, with the remainder undergoing subtotal resection. All patients received adjuvant radiotherapy, and 82% received concomitant and adjuvant temozolomide. The median overall survival was 14 months, with a 1-year survival rate of 64%. Post-operative complications included infections (18%) and neurological deficits (27%).

**Conclusion : Despite aggressive multimodal therapy, survival rates remain low. Future studies should focus on the molecular characterization of glioblastoma in young adults to identify potential therapeutic targets and improve outcomes.

CO13- Ultrasound-guided percutaneous ventriculo-atrial shunt placement: Experience of the Military Hospital of Tunis

Sinda Lafif, F. Akrout, F. Guidara, M.D Yedeas, S. Achoura, A. Harbaoui, R. Chkili
Neurosurgery Department, Military Hospital of Tunis

Abstract :

Background : Normal pressure hydrocephalus (NPH) is a chronic disease of the elderly, whereas Idiopathic intra-cranial hypertension (IIH) touches a younger range of patients.
What these 2 conditions have in common is Intra-cranial hypertension. The only proven treatment is cerebrospinal fluid shunting which may require either a ventriculoperitoneal or ventriculoatrial (VAS) shunt.
The choice of shunt has always been a matter of debate and depending on the technical preferences of neurosurgeons, VAS is rarely used in the face of concerns arising from reported cases of cardiopulmonary complications.
Methods : We present our experience at the Neurosurgery Department of the Tunisian Military Hospital, bringing to light the placing of a VAS. It is achieved with percutaneous insertion of the distal catheter within the internal jugular vein to the right atrium under ultrasound and fluoroscopic guidance, which is being done for the first time in Tunisia.
Results : 5 cases required VAS: 2 cases of IIH which were realized using neuronavigation and 3 cases of NPH. 1 of which was performed under local anesthesia (LA).
Post-operative outcome was satisfactory for all patients except 1, who died as a result of a respiratory condition.
Conclusion: VAS with percutaneous distal catheter insertion, as a new minimally invasive technique, should be considered as an alternative primary treatment option for Intracranial hypertension since it has the advantages of being fast, safe and achievable under LA.

CO14- Eye-sparing surgery for orbital tumours: The Center for Traumatology and Major Burns experience

Kerima Belhajali, M.Zouaghi (Mohamed Zouaghi)

A.Bedioui, F.Ben Atig, S.Guediche, G. Gader, M.Rkhami, M.Badri, K.Bahri, I.Zammel

Centre de traumatologie et des grands brulés de Ben Arous

Abstract :

Orbital malignancies can develop from any of the structures within the orbit. Comprehensive resection often results in vision impairment and disfigurement. Eye-sparing surgery is currently the favored primary treatment for almost all neoplasms of epithelial or mesenchymal origin. We present the cases of four patients treated at our center for orbital tumors through trans-conconjctival eye-sparing surgery. All patients presented with a history of slow evolving ocular proptosis. MR imaging showed a right orbital mass in the intraconal space with well-defined limits. Gross total resection was achieved three patients. The histopathological results revealed an ocular neurinoma for the first patient and cavernous hemangioma for the second one and a venous malformation for the third patient . All these patient had no visual loss post-operatively with a normal ocular motility. For the fourth patient we found during surgery an infiltrative tumour and only subtotal resection was performed. He is now being considered for transcranial surgery. Eye-sparing surgery is the current preferred primary treatment for nearly all types of neoplasm of epithelial or mesenchymal origin. Sufficient margins are difficult to achieve especially for locally advanced diseases. Limited resection poses a high risk of local recurrence. Nevertheless, it should be attempted before a more invasive transcranial surgery.

CO15- Neurosurgical Experience in a Neuro-Surgically Underserved Region: A Civil Service Year in Medenine Regional Hospital

Zohra SOUEI, Sahbi BEN AMARA, Souad FERJANI
EPS Habib Bourguiba MEDENINE, Tunisia

Abstract :

BACKGROUND Access to neurosurgical care is a significant challenge in underserved regions. Medenine Regional Hospital, upgraded to a university hospital in 2017, serves a densely populated yet neuro-surgically underserved area. This study outlines my year of civil service as a neurosurgeon, addressing challenges and measures taken to provide care with limited resources. METHODS Data were collected from emergency, operating room, and admission records, as well as from the regional health directorate. The study spans January to August 2024. My schedule involved four days at Medenine and two days at Zarzis for consultations and surgeries. Requests for resources were formally submitted to the administration. RESULTS Over 30 neurosurgical procedures were performed since January 2024 despite material shortages. The service admitted over 95 inpatients and managed more than 300 consultations and emergencies. Radiological services were limited at night, with one radiologist covering 12 to 15 shifts monthly. Staff shortages persisted, with one nurse available at night and during holidays for general and thoracic surgery. Multiple requests were made for equipment and better conditions.CONCLUSION This experience underscores the critical shortage of neurosurgical care while offering invaluable professional growth. I developed essential skills in administration, instrument selection, and the introduction of neurosurgery to local staff, all while addressing complex medico-legal challenges.

CO16- Vagus Nerve Stimulation: The Experience of the HMPIT Neurosurgery Department

Sameh ACHOURA, , Ines BIDOUI, Hajer KAMMOUN, Med Dehmani YEDAS, Hichem AMMAR, Ahmed HARBAOUI, Khaled RADHOUEN, Ridha CHIKILI

Department of neurosurgery Military Hospital of Tunis

Abstract :

Introduction : Vagus nerve stimulation is a new therapeutic alternative introduced in Tunisia since 2008 for drug-resistant epilepsy when surgery is rejected.

Aim of the study : To evaluate the efficacy of vagus nerve stimulation in the treatment of drug-resistant epilepsies and to identify the target population for this new therapy.

Methods: A longitudinal, multiple-case study focused on adult populations with different drug-resistant epilepsy syndromes. All patients underwent careful questioning, neurological examination, brain imaging, pre-surgical exploration and neuropsychological assessment.

Results : We report the observations of four patients operated on for vagus nerve stimulation. The median age of onset was 30 years. The median duration of epilepsy was 11.90 years. In 67% of cases, seizures were greater than 80 seizures/month Improvement was maximal at six months, and mainly concerned tonic-clonic generalized seizures and partial seizures, with a response rate greater than 80%. For each patient, we modified three stimulator parameters: intensity, duration and frequency. The seizures refractory to vagus nerve stimulation were tonic seizures, which were reduced by only 20% after two years of follow-up. In addition to seizure frequency, all patients reported a reduction in seizure duration and a lengthening of the free interval. No postoperative complications were reported.

Conclusion: Vagus nerve stimulation is a novel therapy for certain drug-resistant epileptic s

CO17- Working in a regional hospital: A challenging mission

Ines Cherif, A. Hachicha, H. Belmabrouk, M. Znazen, H. Ben Helal
Hopital Mohamed Ben Sassi Gabes

Abstract :

Background : A neurosurgeon working in a regional hospital operates in a unique and challenging environment that combines the intensity of specialized medical care with the resource limitations often found in smaller healthcare facilities.

Methods : We expose the statistics of our neurosurgical activity at the regional hospital of Gabes over a period of 18 months going from January 1st, 2023 until June 30th, 2024.

Results : We hospitalized 513 patients. We operated on 209 patients: 31 extra-dural hematomas, 93 chronic sub-dural hematomas, 6 decompressive craniectomies, 4 external ventricular shunts, 13 depressed skull fractures, 16 brain tumors, 39 lumbar discs herniation and 7 traumatic cervical spines. We have no operating microscope or microsurgical equipment. The brilliance amplifier had broken-down from 6 months. We are unable to operate on patients requiring ventriculoperitoneal shunts, due to a lack of essential equipment and devices. There is no paediatric intensive care unit or any other equipment dedicated to this age group. Patients diagnosed with or at risk of intracranial vascular malformation are referred to the National Institute of Neurology or to Sfax for surgery.

Conclusion : The neurosurgeon must be highly versatile, able to work effectively with the resources at hand while ensuring that patient care is not compromised. In some cases, this can involve making critical decisions about whether a patient can be treated locally or needs to be transferred.

Video Session

Recurrent intramedullary lumbar epidermoid cyst : Video case

Wièm Mansour, Ghassen Gader, Farah Bahri, Kerima Bel Haj Ali, Aziz Bedioui, Skander Guediche, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsèn Zammel
Department of Neurosurgery- Trauma and Burns Center , Ben Arous - Tunisia

Abstract :

Spinal epidermoid cysts are rare benign lesion, that account for less than 1% of all spinal tumors. These tumors can be congenital, associated with spinal dysraphism and other spinal anomalies. More frequently, they are acquired, secondary to a displacement of the dermal elements into the spinal cord during procedures like lumbar puncture or other spinal interventions.

We report the case of a 49-year-old women with no medical background, who presented 8 years ago for the onset over 1 year of progressive paraparesis and gait disorder. Spinal MRI showed diastematomyelia with L1 bone spur and low-attached cord, along with a cystic lesion that was hyperintense in both T1 and T2 WI. On the fat-suppressed MRI, the entire mass was hyperintense. The patient underwent surgery. We share with you this video emphasing surgical resection for this lesion.

The effective gross total resection, while maintaining neurological function, emphasizes the critical role of precise surgical technique in treating these complex lesions.

Cysto-subarachnoid shunt for an intramedullary arachnoid cysts : A video case

Houssem Hdhili, Ghassen Gader, Mohamed Ali Kharrat, Emna Mzoughi, Aziz Bedioui, Skander Guediche, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsèn Zammel
Department of Neurosurgery, Trauma and Burns Center, Ben Arous, Tunisia

Abstract :

Intramedullary arachnoid cysts (IMACs) are rare and most commonly diagnosed in the thoracic spine. For asymptomatic cysts, regular follow-up with clinical and radiological monitoring could be proposed. However, if symptoms are present, surgical treatment with excision of the cyst should be performed. When the excision can not be achieved, then marsupialization or cysto-subarachnoid shunt should be considered.

We report the case of a 63 year old male, with history of diabetes, he underwent surgical treatment for a thoracic IMAC and he recovered well. After 11 years he presented with a worsening of clinical symptoms complaining of gait disorder, lower limbs numbness with associated sphincter and sexual disturbance. New spinal MRI revealed the presence of a cystic intramedullary lesion at the level of T1-T2, with no contrast enhancement suggesting the recurrence of the IMAC.The patient underwent surgery and a cysto-subarachnoid shunt was performed. We share with you this video emphasizing surgical resection of this lesion.

IMACs should be promptly treated. Though the best surgical technique is debatable, the outcome of postoperative neurological recovery is invariably good.

Posters

P1- A chondrosarcoma invading the sinonasal tract of a teenage girl

Hajer Kammoun, S. Kedous, H. Chahed, M.D. Yedeas, S. Achoura, A. Harbaoui, K. Radhouen, R. Chkili
Neurosurgery department of the military hospital of Tunis

Abstract :

Background: Chondrosarcoma is a primary malignancy affecting mainly long bones. Its development in the craniofacial bones is uncommon and the location in the sinonasal tract and in a young female patient is even more exceptional.

Case-report: We report the case of an 18-year-old girl who was admitted to our center for hyposmia, headache and unilateral retroorbital pain responding partially to analgesics with a normal physical exam. A cranio-facial CT scan and a head MRI were performed showing an invasive tissular and calcified ethmoidal tumor which aspect, localization and invasion recalled a chondrosarcoma. A biopsy confirmed the diagnosis. Then, she underwent a macroscopic complete resection of the tumor via a binasal endoscopic approach using neuronavigation, complicated by a CSF leak and followed by an anterior skull base reconstruction.

Conclusion:

Chondrosarcomas of the sinonasal tract are rare and represent a compelling diagnostic and treatment challenge. They can be revealed by a headache with nasal or orbital symptoms. Surgery is the mainstay treatment of chondrosarcomas. In our case, a binasal endoscopy approach associated with neuronavigation was our strategy and it brought good results.

P2- Endoscopic management of pineal tumors: about 3 cases

Mahmoud Ben Messaoud, M.Chabaane, R.BenFredj, C.Abdelileh, K.Somrani, A.Mlaiki, I.Ksira
Neurosurgery department, Sahloul University Hospital

Abstract :

Introduction

Pineal tumors account for between 0.6 and 0.9% of all brain tumors. Due to the obvious histological variability, the therapy and prognosis differ, and as a result, the pathological diagnosis is critical . The major goal of primary care is to lower intracranial pressure and determine the tumor's histological type. As a result, the introduction of neuroendoscopy has provided an efficient means of fulfilling both objectives.

Cases presentation

The first case was about a 35-year-old female who presented to emergency department with a complaint of an acute headache of a 3-week duration which was worsen over the last 3 days. On examination, he was neurologically intact, apart from grade II papilleodema . MRI was done and revealed a lobulated mass identified at the pineal region which mesaures 3*2 cm, hypointense on T1, hyperintense on T2 with homogenous enhancing. The lesion was causing mass effect on the aqueduct of Sylvius with obstructive hydrocephalus. The second case was about a 40-year-old female who presented to our department with signs of increased intracranial pressure with blurry vision. The physical examination showed Parinaud syndrome. The MRI revealed a solid mass at the pineal region extended to the the third ventricle. The lesion was isointense on T1 and T2 with intense enhancement. The aqueduct of Sylvius was obstructed causing triventricle hydrocephalus. The last case was about a 65-year-old female who presented with gait disturbances and cognitive c

P3- Endoscopic Surgery in Nonhydrocephalous Third Ventricular Colloid Cysts: case report

Mahmoud Ben Messaoud, M. Chabaane, R.BenFredj, K.Somrani, O.Hattab, A.Mlaiki, H.BenSelma, I.Ksira
Neurosurgery department, Sahloul University Hospital

Abstract :

Introduction

The optimal management of colloid cysts has always been a debatable issue during the past decades. Endoscopic neurosurgery has been considered as the first-line approach for removal of colloid cysts in the presence of ventriculomegaly, with lower risk of complications. it usually is avoided in patients without hydrocephalus owing to presumed difficulties.

Case report

A 39-year-old male presented to the emergency department with 3 months history of headaches and drops attack. The physical examination was normal. The MRI showed a third ventricle colloid cyst which measures 1*2cm, isointense on T1, Hyperintense on T2 with thin rim enhancement without hydrocephalus. Endoscopic approach was chosen using a right frontal burr hole, 4 cm lateral to the midline et 4 cm anterior to the coronal suture. A total removal was achieved using a 0° endoscope. An external shunt was placed because of a mild intraoperative bleeding. The drain was removed 5 days after surgery. The patient was released from hospital 6 days after surgery with memory disturbances which improved 2 months after surgery. The MRI showed complete resection of the cyst without any complications.

Conclusion

Endoscopic resection of third ventricular colloid cyst in patients without hydrocephalus seems to be feasible, effective, and not contraindicated.

P4- Frontal mucocele: surgical management

Safa Nefzaoui, I.Zoghlami, O.Hamdani , M.Sarray, E.Rejeb, D.Chiboub, N.Romdhane, I.Hriga, C. M'barek
ENT department of Habib Thameur Hospital

Abstract :

Introduction:Mucoceles are benign tumors of the sinuses. Fronto-ethmoidal involvement is the most common (60%) . Although benign, mucoceles remain serious due to the risk of compression of neighboring structures.Aim:To describe the epidemiological and clinical characteristics of frontal mucoceles, and to discuss the modalities of their surgical management.Methods:We conducted a retrospective study including patients treated for frontal mucoceles between 2000 and 2024 in our department.Results:We included 14 patients. The mean age was 40 years. Sex ratio was 1.8. Predisposing factors were found in 11 patients: Nasosinus polyposis was found in 2 patients. Five patients had Widal syndrome. Face trauma was found in 1 case. Two patients underwent surgery. Patients presented with headaches (4 cases), nasal obstruction (7 cases), exophthalmos (six cases), palpebral oedema (2 cases) and anosmia (3 cases). Imaging revealed: lysis of the orbital roof in 6 cases, lysis of the posterior wall of the frontal sinus in 3 cases, lysis of the anterior wall of the frontal sinus in 1 case. Extension to the orbit was noted in 6 cases, and to the brain in 4 cases. The surgical approach was an endoscopic approach in 1 case, an external surgery (Jaques approach) in 2 cases and a combined approach in 11 cases.Conclusion:Regarding the serious complications of frontal mucoceles, early diagnosis and management are essential, before the tumour's extension irreversibly compromises visual function.

P5- Pediatric Epilepsy Surgery: Indications and Outcomes

Nesrine Nessib, M.Naceur, S.Bouali, A.Belhaj, K.Ghedira, H.Klaa, H.Benrhouma, I.Kraoua, K.Abderrahmen, J.Kallel
Neurosurgery - Neurology : Institute of Neurology Mongi Ben Hamida

Abstract :

INTRODUCTION Pharmacoresistant epilepsy is reported in 30% of children followed for epilepsy. When it occurs at an early age, it can lead to stagnation or regression of psychomotor development, emphasizing the importance of considering surgery as a therapeutic option that can significantly improve the prognosis of these children.

METHODS This is a retrospective longitudinal monocentric study, over a period of 19 years (2004-2023). All patients followed in our department and operated on for pharmacoresistant epilepsy were included.

RESULTS Seven patients were included. The average age of seizure onset was 6.4 months. All patients experienced multiple daily seizures. EEG showed focal epileptiform abnormalities in five cases and generalized abnormalities in two cases. Psychomotor regression was present in four patients, and behavioral disorders were observed in six patients. MRI revealed focal cortical dysplasia (3 cases), an internal temporal cystic formation (1 case), focal cortical dysplasia (1 case), and was normal in 2 cases. The average duration of evolution before surgery was 6.5 years. Different surgical methods were used: lesionectomy (2 cases), vagus nerve stimulation (VNS) (2 cases), callosotomy (1 case), amygdalohippocampectomy (1 case), and hemispherectomy (1 case). The outcome was favorable in all patients.

CONCLUSION Epilepsy surgery remains underutilized and delayed despite its proven short- and long-term effectiveness in children with pharmacoresistant epilepsy.

P6- Recurrent Seizures and the Discovery of a Left Occipital Meningioma Associated with a Hydatid Cyst in a 51-Year-Old Female: A Case Report

Siwar Farhat, K.Bouzouita ; M.Naceur ; K.Ghedira ; S.Bouali ; J.Kallel
National Institute of Neurology Mongi-Ben Hamida

Abstract :

Introduction: Seizures can arise from various neurological causes, and their etiology may sometimes be complex. This case report presents a 51-year-old woman with a history of seizures since the age of 15, with an unexpected finding on brain imaging.

Case Presentation: A 51-year-old woman presents with persistent seizures despite antiepileptic treatment. She has experienced intermittent seizures since the age of 15, with no clear etiology until now. Brain imaging (MRI) reveals a left occipital meningioma and a hydatid cyst in the same region. The meningioma is suspected to be the primary cause of the seizures, while the hydatid cyst appears to be an incidental finding.

Discussion: This case is unusual due to the coexistence of a meningioma and a hydatid cyst, two rare neurological conditions in the same cerebral area. Meningiomas can cause seizures through cortical irritation or compression, while hydatid cysts, although often asymptomatic, can cause neurological symptoms when located in critical areas. Management of this case requires a multidisciplinary approach, including neuro-surgical evaluation for the meningioma and antiparasitic treatment for the hydatid cyst.

Conclusion: This case report illustrates the importance of a thorough evaluation of refractory seizures, particularly when a structural anomaly is detected on imaging. The coexistence of rare pathologies such as meningioma and hydatid cyst underscores the complexity of diagnosing and managing neurological disord

P7- Hydrocephalus revealing a lumbar tumor

Kais Bouzouita, S.Farhat, M.D.Yedeas, H.Ammar, R.Chkili, K.Radhouen, A.Harbaoui.
Hopital militaire de Tunis , service de Neurochirurgie

Abstract :

Background

This is a case of triventricular hydrocephalus with incidental discovery during the etiological work-up of a cauda equina tumour.

Methods

A 50-year-old patient with no previous history was admitted with an HTIC syndrome associated with decreased visual acuity and gait disturbance. Cerebral CT scan showed quadriventricular hydrocephalus with no signs of transependymal resorption, FO showed stage 2 papilledema and lumbar puncture showed 7 g/l proteinorachy. This was completed by a CT scan showing a tumoral lesion enlarging the medullary canal and blowing the bony walls of the body of L3.

Results

The development of hydrocephalus secondary to thoracolumbar spinal tumors was first reported by Kyrielieis in 1931. Since then, around 300 cases of spinal tumors associated with hydrocephalus and intracranial hypertension have been reported in the literature. On the other hand, there are very few cases of spinal tumors in which cognitive disorders were the main symptom. In all 10 cases in which a lumbar puncture was performed, the proteinorachy exceeded 500 mg / dl. Histological diagnoses were neuroma in 5 cases, neurofibroma in 3, ependymoma in 2 and oligodendroglioma in one.

Conclusion

Tri/quadri ventricular hydrocephalus may be due to an obstruction compressing the medullary canal, notably a cauda equina tumour. The presence of metastatic cells in the CSF or elevated proteinorachy should guide us towards this possibility.

P8- L'hydrocéphalie à pression normale (HPN) à propos de 15 cas

Ameur Affes, A. Trifa, E. Mzoughi, A. Oueslati, E. Dridi, M. Darmoul
CHU Fattouma Bourguiba, Monastir

Abstract :

Introduction :

L'hydrocéphalie à pression normale (HPN) est une affection neurologique caractérisée par une triade clinique. Le diagnostic de l'HPN reste complexe et souvent retardé, en raison de la variabilité des symptômes et de la difficulté à établir des critères diagnostiques précis.

Objectif :

Cette étude vise à analyser les caractéristiques cliniques, les méthodes de diagnostic, les traitements et les résultats fonctionnels chez 15 patients diagnostiqués d'HPN.

Méthodes :

Il s'agit d'une étude à propos de 15 patients diagnostiqués d'HPN. Les données recueillies comprenaient les caractéristiques démographiques, les symptômes cliniques, les résultats des examens d'imagerie cérébrale, les interventions chirurgicales effectuées, et les évaluations fonctionnelles avant et après traitement.

Résultats :

Les symptômes les plus fréquents étaient des troubles de la marche et les troubles cognitifs, suivis des troubles urinaires. L'imagerie cérébrale a révélé une dilatation des ventricules chez tous les patients. La technique chirurgicale utilisée était la dérivation ventriculaire principalement, avec quelques cas traités par une ventriculo-cysternostomie endoscopique. Une amélioration significative des symptômes est notée chez la plupart des patients.

Conclusion :

L'HPN présente une variabilité clinique, ce qui rend le diagnostic précoce et précis crucial pour l'amélioration des résultats fonctionnels. La dérivation ventriculaire reste une option thérapeutique efficace.

P9- Post-Operative Complications in Adult Chronic Hydrocephalus: A Retrospective Analysis

Ahmed Amine Daoued, M.I. Krifa,M. Ghorbel, F. Abid, M. Darmoul
Neurosurgery departement, Fatouma Bourguiba University hospital of Monastir

Abstract :

Introduction:*

Adult chronic hydrocephalus is a condition characterized by the accumulation of cerebrospinal fluid (CSF) in the brain, leading to increased intracranial pressure and potential neurological deficits. This study aims to evaluate the incidence and types of post-operative complications in patients with adult chronic hydrocephalus treated at the neurosurgery department of Fatouma Bourguiba Hospital of Monastir.

Materials and Methods:*

A retrospective analysis was conducted on 50 patients diagnosed with adult chronic hydrocephalus and treated surgically at the neurosurgery department of Fatouma Bourguiba Hospital of Monastir between January 2020 and December 2023.

Results:*

Out of the 50 patients included in the study, 18% experienced at least one post-operative complication. The most common complication was shunt malfunction, observed in 8% of patients. Infections, including meningitis and wound infections, were reported in 6% of cases. Overdrainage occurred in 4% of patients, leading to symptoms such as headaches and slit ventricle syndrome. Subdural hematoma was identified in 2% of patients. Other complications, such as seizures and CSF leaks, were noted in 4% of cases. The majority of complications required revision surgery, with an overall revision rate of 10%.

Conclusion:*

Further research is needed to develop strategies that reduce the risk of these complications and improve overall patient outcomes.

P10- Amoebic cerebral abscess: a rare location

Emna Mzoughi, Ghassen Gader , Kerima belhaj ali,Wiem Mansour,Aziz Bedoui,Iskander Guédiche,Mohamed Zouaghi,Mouna Rkhami,Mohamed Badri,Kamel Bahri, Ihsen Zemmal
Department of Neurosurgery,Trauma and Burns Center, Ben Arous , Tunisia

Abstract :

Amoebic cerebral abscess: a rare location

Introduction:

Parasitic involvement of the central nervous system is uncommon, with amoebic brain abscesses being exceptionally rare and potentially fatal. Since the initial identification of this condition in 1965, only a limited number of cases have been documented in the literature.

Observation:

We report the case of a 56-year-old patient with no medical background, who presented with an intracranial hypertension syndrome and right hemiparesis evolving since 1 month. The patient had no fever. Brain MRI showed a left parieto-occipital lesion suggestive of a glioblastoma. The patient underwent surgery with complete excision of an abscessed lesion. The postoperative course was uneventful. Histological examination as well as serology confirmed the diagnosis of cerebral amoeboma. The patient was placed on amoebicide with good clinical progress.

Conclusion:

Amoebiasis continues to pose a significant health threat in intertropical zone. Neurological complications are infrequent, and management of the condition may involve both pharmacological and surgical interventions. The progression can be fatal in the absence of diagnosis and early and appropriate treatment.

P11- Brain metastasis from ovarian cancer: three cases report

Imen DAMMAK, Imen DAMMAK, Fatma KOLSI, Mohamed Ghorbel, Ines CHERIF , Brahim KAMMOUN, Khalil AYEDI, Mohamed Zaher BOUDAWARA

Neurosurgery department, Habib Bourguiba Hospital, Sfax , Tunisia

Abstract :

Brain metastasis, although a common and severe complication in lung and breast cancer, is considered a rare and late event in ovarian cancer. The rarity and small number of patients affected, have prevented the establishment of a consensus for optimal therapy.

We present three cases of women who's have an ovarian cancer and which developed a brain metastasis.

Brain metastasis is a rare and fatal outcome of ovarian cancer that is accompanied by a very poor survival. A better outcome might be obtained using multimodality therapy. Because of the small number of patients included in the reported studies, multicenter clinical trials are needed for further investigation in order to critically evaluate the clear benefit of these treatment options in selected patients.

P12- Cerebral Hydatid cyst: about a multiple recurrence case

Kerima Belhajali, G. Gader , M.Kharrat , H.Hdhili , S.Guediche , M.Zouaghi , M.Rkhami , M.Badri , K.Bahri , I.Zammel
Centre de traumatologie et des grands brulés de Ben Arous

Abstract :

Background:

Literature reports suggest very rare cases of cerebral hydatid cysts (HC), representing 2% of all intra cranial lesions, even in counties where the disease is endemic. HC diagnosis is usually based on a pathognomonic computed tomography (CT) pattern. Surgical resection remains the best treatment option with a good prognosis. But outcome may become pejorative in case of recurrence.

Case description:

We report the case of a 16-year-old boy, who presented with intracranial hypertension syndrome and right hemiparesis. Brain CT scan showed a cerebral hydatic cyst in the left fronto-parietal lobes . The patient was operated with an uneventful postoperative course. 7 months later, the child presented with the same symptomatology. Another CT scan was performed showing multiple hydatid cysts in the left hemisphere . Surgical resection of 6 cysts was perfomed . 22 months later the patient presented with a total right hemiplegia and altered neurological condition. Brain CT scan showed this time 13 cysts: 6 in the right hemisphere and 7 in the left hemisphere. The child had an emergency surgery for evacuation of cysts on the left side. Another surgery is to be scheduled for resection of the other cysts.

Conclusions :

An intracranial hydatid cyst is a relatively rare entity, accounting for only 1–2% of all intracranial lesions. They are most commonly seen in children and young adults. Brain CT scan provide characteristic radiologic features. Surgery is usually unavoidable wit

P13- Cervical chordoma: a diagnosis to consider

Imen Dammak, Imen Dammak ; Amal Ben Belguecem ;Walid Raddaoui; Ahmed Maatoug ; Med Zaher Boudawara
Neurosurgery department,Habib Bourguiba Hospital,Sfax,Tunisia

Abstract :

Chordoma is a low-grade malignant tumor that develops from the remnants of the notochord and appears mainly along the midline of the axial skeleton. The cervical spine is affected in 6% of cases and extra-axial chordomas are very rare. The typical imaging appearance is an osteolytic lesion on the midline, associated with a paravertebral soft tissue mass

We report the case of cervical chordoma in an 80-year-old hypertensive woman, followed for arthralgia

This is an 80-year-old woman who had been suffering from neck pain for a year with bilateral cervicobrachial neuralgia more marked on the left; with the installation for 15 days of gait disorders forcing her to stay in bed without TVS without associated sciatica; The examination showed a bedridden patient who could not stand up, a tetraparesis with a predominance of the left hemibody and a quadripyramidal syndrome

She underwent a cervical MRI showing a lesion of spinal cord replacement at the level of c4 the scintography showed a hyperfixation c4 with a heterogeneous bone structure

She underwent surgery by c4 corpectomy with cervical osteosynthesis by anterior approach and the pathology concluded to a conventional chordoma

Chordomas are rare primitive bone tumors arising from the embryonic notochord. They are locally aggressive tumors with a strong tendency to recur post-surgical. . Chordoma must be taken into account in the differential diagnosis of cervical extra-axial lesions.

P14- CSF leakage; a complication not to be ignored

Imen Dammak, Imen Dammak ;Ahmed Maatoug ; Amal Ben Belguecem ; Med Zaher Boudawara
Neurosurgery department,Habib Bourguiba Hospital,Sfax,Tunisia

Abstract :

CSF leakage after brain tumor surgery is still a significant complication despite the different closure techniques, with sometimes serious consequences, such as meningitis. The presence of this leakage postoperatively indicates communication between the subarachnoid space and the external environment.

We report the case of a cerebral medulloepothelioma in a 4-year-old girl

This is a 4-year-old girl with no history

The history of the disease dates back to 1 week before her admission marked by the onset of headaches with partial seizures such as facial myoclonus

The neurological examination was normal

The MRI showed a parietal expansive process with ventricular extension

She was operated on with complete excision of the tumor and the histological examination concluded in a medulloepithelioma

Postoperatively, the patient presented a CSF leak with on examination a renitent swelling increasing in size over time in relation to a bun

Cerebrospinal fluid (CSF) leaks in cranial and spinal surgery seriously threaten the clinical prognosis of surgical cases, exposing the patients at increased risk of infection, prolonged hospitalization, and need for reinterventionCSF leakage is the leading cause of meningitis recognized in all articles dealing with postoperative meningitis. To prevent it, a tight closure of the dura mater reinforced with biological glue is required. Indeed, meticulous dural closure is the most important means that could reduce the incidence of CSF leakage.

P15- Dural-based Rosai-Dorfman disease: differential diagnostic considerations.

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institut Of Neurology Of Tunis

Abstract :

Background: Rosai-Dorfman disease is an idiopathic non neoplastic lymphohistiocytic proliferation with variable clinical presentations, sometimes mimicking other disorders including neoplasm. Particularly, intracranial Rosai-Dorfman disease is rare and without well-established optimal treatment modalities.

Methods: we describe the case of a 55-year-old man with a history of progressive headache without any other symptoms. Results: Magnetic resonance imaging of the brain revealed a dural lesion extending to the superior sagittal sinus witch remains patent. He subsequently underwent a dural biopsy, and histologic examination of the lesion showed sheets of histiocytes positive for CD68 and S-100 and negative for CD1a within a rich lymphoplasmacytic infiltrate. Some of the histiocytes showed emperipolesis of lymphocytes and plasma cells. These findings were consistent with Rosai-Dorfman disease. Interestingly, EMA-positive meningothelial whorls were seen scattered within the dominantly histiocytic-appearing process, mimicking the appearance of meningioma; these whorls were thought to be reactive in nature.

Conclusion: This case is important as it high-lights unusual clinical and histopathologic features of Rosai-Dorfman disease, thereby adding to the spectrum of manifestations of this entity. Awareness of such features is helpful in averting the misdiagnosis of intracranial Rosai-Dorfman disease with reactive meningothelial hyperplasia as meningiomas.

P16- Exploring Complexity: A Compelling Case of Chronic Allergic Fungal Sinusitis caused by Alterna Alternata with Intracranial Expansion and Orbital Involvement in an Immunocompetent Male

Imen DAMMAK, Mohamed Ghorbel, Fatma KOLSI, Ines CHERIF , Brahim KAMMOUN, Khalil AYEDI, Mohamed Zaher BOUDAWARA
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Abstract :

Allergic Fungal Rhinosinusitis (AFRS), is a rare IgE-mediated hypersensitivityis its prevalence is in rising, challenging its historical rarity. This case study explores a unique presentation of AFRS caused by Alternaria alternata, on an immunocompetent 16-year-old male presenting with right exophthalmos, nasal obstruction, and visual acuity decline with a focus on its clinical complexities, complications involving intracranial expansion and orbital involvement, and its impact. The fungal invasion was successfully eliminated by surgery. The clinical diversity, complex presentations and challenges posed by pediatric cases underline the need for nuanced management. The integration of molecular techniques appears to be an essential tool for the precise identification of micro-organisms

P17- Frontal mucocele associated with Widal Triad : a rare entity

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Abstract :

Background

Mucoceles are expansive pseudocystic formations, developed from the sinuses of the face, affecting mainly adults. Evolving at low noise, they are most often revealed by neurological or ophthalmological complications. Mucoceles associated with Widal are an extremely rare entity, only 2 cases have been reported.

Methods

We report the case of a 21-year-old patient with newly discovered widal's syndrome. in fact Nasal polyposis was discovered during a workup for an aspirin intolerance. The patient was consulted for a frontal headache that had been evolving for 1 month, with no other complaints. The neurological examination was unremarkable, apart from anosmia. Cerebral MRI showed a left frontoethmoidal mucocele exerting a significant mass effect on the midline structures.

Results

The Widal triad associates nasal polyposis, asthma, and intolerance to aspirin. Mucoceles may form in any of the paranasal sinuses, but they most frequently involve the frontal sinus. . Surgery is the required treatment for complete mucocele eradication and reestablishment of normal sinus drainage. This procedure may be achieved with transnasal endoscopic surgery, which is now the preferred approach over the more invasive external craniotomy with craniofacial surgery.

Conclusions

Frontal mucoceles are benign lesions. Surgery is considered as the gold standard.

P18- Intracranial Actinomycosis Manifesting as a Parenchymal Mass Lesion: A Case Report and Review of Literature

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Institut Of Neurology Of Tunis

Abstract :

Background: Cerebral actinomycosis is a rare, chronic, but curable bacterial brain infection. Intracranial actinomycosis is rare bacterial infection without any characteristic clinical or radiological diagnostic features. Usual presentation is like pyogenic brain abscess, osteomyelitis with or without pachymeningitis and rarely as a parenchymal mass lesion. High index of suspicion should be kept in a patient with immunosuppression or predisposing factors like dental procedure, sinusitis, cardiac septal defects, cranio-facial trauma, cranial surgery, lung or abdomino-pelvic infection.

Case Description: We present a case of right temporal parenchymal lesion in a young male without any predisposing factor. He underwent complete microsurgical excision of the lesion followed by prolonged antibiotic therapy with good functional recovery.

Conclusion : Intracranial actinomycosis presenting as a parenchymal mass lesion is extremely rare as compared to abscess and pachymeningitis. Histopathological examination remains the mainstay of definitive diagnosis, as culture might be negative in significant number of cases. Aggressive surgical excision with prolonged antibiotic therapy enhances the chances of good functional outcome.

P19- intracranial complications of otitis

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Abstract :

Backgroung: Otitis rarely causes intracranial complications. Our study highlights these complications, their diagnostic criteria, and treatments.Methods: A retrospective study of 8 cases of intracranial complications of otitis between 1998 and 2020.Results: The average patient age was 30 with marked male predominance. Symptoms featured fever (7 cases) and headache (4 cases). Otoscopy revealed external auditory canal polyp in 4 cases tympanic membrane perforation in 2 .Examination revealed peripheral facial paralysis in 1 case cerebellar syndrome in 2 vestibular syndrome in 1 . All patients underwent a brain CT scan revealing middle ear and mastoid opacificationin in all cases ,mastoid collection in 4 cases , erosion of the tegmen tympani in 3 cases. Infiltration of deep fascial spaces was noted in 1 case. We identified temporal abscess in two cases cerebellar abscess in two cases and inflammation extension to the meninges in 1 case. Lateral sinus thrombosis was present in 4 cases.Three patients underwent brain MRI confirming cerebellar abscess in 2 cases, basilar pachymeningitis in 1 case. One patient was diagnosed with necrotizing external otitis. Seven patients underwent surgery, confirming chronic cholesteatomatous otitis media in 5 cases. Two patients had neurological deterioration requiring one to be transferred for neurosurgical drainage and the other to intensive care.Conclusion: Intracranial complications of otitis are severe requiring multidisciplinary care.

P20- Intracranial tuberculoma mimicking brain metastasis.

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institut Of Neurology Of Tunis

Abstract :

Background=Cerebral tuberculoma of the brain are uncommon presentation of tuberculosis (1%). Despite advancements in imaging and laboratory diagnostics, it is challenging to diagnose cerebral tuberculoma due to its insidious nature and nonspecific findings.

Case description: We present the case of a 60-year-old man who was referred to our hospital for headaches and focal seizure. Brain MRI revealed an enhanced mass lesion with surrounding edema in the right frontal lobe.the patient was operated and complete resection was achieved.

The histopathology revealed features of tuberculoma and he was started on anti-tubercular treatment. he is discharged home with regular follow-up for the last 10 months.

Conclusion : Cerebral tuberculoma although uncommon should be thought of in developing countries as differential of cystic enhancing lesions of the brain.

P21- Intradiploic epidermoid cyst

Imen DAMMAK, Fatma KOLSI, Ahmed Daoued, Khalil AYEDI, Brahim KAMMOUN, Ines CHERIF , Mohamed Zaher BOUDAWARA
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Abstract :

Intracranial epidermoid cysts are rare congenital tumors of ectodermal origin, accounting for 0.2–1.8% of all intracranial tumors. These tumors are slow-growing and benign. Intracranial epidermoid cysts are most commonly found in the cerebellopontine angle and parasellar region. Less frequently, they may occur in locations such as the petrous apex, chiasmal region, brainstem, or intraventricular cavity. Approximately 25% of epidermoid cysts within the central nervous system are intradiploic.

We present the case of a 54-year-old man with large, expansive, and osteolytic skull lesions identified on CT, displaying characteristics suggestive of intradiploic epidermoid cysts. The lesion appeared inhomogeneously hypointense on T1-weighted images and inhomogeneously hyperintense on T2-weighted and FLAIR images, with no signal attenuation. Diffusion-weighted imaging showed high signal intensity, indicating diffusion restriction with a low ADC value. The patient underwent surgery, and histology confirmed the diagnosis.

P22- Nocardia brain empyema in an immunocompetent adult: a case report

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Abstract :

Background:

Nocardia are aerobic Gram-positive bacilli that can invade multiple organ systems. Brain infections caused by Nocardia sp. is a rare entity, which has been mainly reported in immunosuppressed patients. In literature, there are no clinical guidelines for first-line treatment.

Methods:

We report the case of a immunocompetent patient who was treated in our department for a cerebral nocardia infection

Results:

A 47-year-old man consulted for chronic headache associated with blurred vision evolving for 1 month. The patient had no previous medical history, his neurological examination was normal. A meningioma was suspected on MRI images. The patient underwent a total resection of the lesion. The patient was discharged four days later. Pathology confirmed the diagnosis of meningioma. Two months later, the patient consulted for purulent discharge from the surgical scar. CT scan revealed a right frontal empyema next to the surgical site. Urgent evacuation of the empyema was done, and the patient was started immediately intravenous empirical antibiotics. Microbiological analysis of the purulent material revealed the presence of Nocardia sp.The patient was switched to Tigecycline and Ciprofloxacin with good evolution.

Conclusion:

This case illustrates the importance of considering Nocardia in patients with brain infections even those with immunocompetent states. Management of Nocardia brain infections includes a prompt diagnosis and initiation of correct antibiotterapy.

P23- PRES Syndrome: A Case Report

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Department of neurosurgery Habib Bourguiba Hospital, Sfax, Tunisia

Abstract :

Background:

Posterior reversible encephalopathy syndrome (PRES) is a rare condition in which parts of the brain are affected by swelling, usually as a result of an underlying cause. The name of the condition includes the word "posterior" because it predominantly though not exclusively affects the back of the brain.

Methods:

We report the case of a 28-year-old woman who developed a PRES syndrome on day 5 postpartum.

Results:

A 28-year-old patient followed in gynecology department presented with acute intense headaches, associated with nausea and vomiting, five days after a caesarean delivery. A brain MRI confirmed the diagnosis of PRES syndrome. Immediate treatment with antihypertensive and anticonvulsant drugs was initiated, leading to significant improvement in symptoms and resolution of brain lesions.

Conclusions:

PRES syndrome should be considered in women presenting with severe headaches during the postpartum period, even at a young age. Prompt recognition and appropriate treatment are essential to prevent severe neurological complications associated with this condition.

P24- Rosai Dorfman disease mimecking a meningioma: A Case Report

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Abstract :

Introduction:

Rosai–Dorfman Disease (RDD) is a rare disorder. The occurrence of isolated intracranial RDD is exceptionally uncommon. It typically presents as dural masses with heterogeneous enhancement, which can be difficult to differentiate from meningiomas.

Methods:

We describe the clinical, radiological, and histological characteristics of a meningeal mass mimicking a meningioma. Pathological examination ultimately confirmed the diagnosis of RDD.

Case Report:

We report a rare case of isolated intracranial RDD in a 29-year-old male who presented with a one-month history of progressively worsening headaches that were unresponsive to standard treatments. Neurological examination revealed no abnormalities. Initial cerebral CT imaging identified a hyperdense, extra-axial mass in the left parietal lobe, with marked enhancement following iodine contrast administration, suggesting the possibility of a meningioma. Subsequent pre-operative cerebral MRI revealed an extra-axial, dural-based mass with T2/FLAIR hyperintensity, T1 hypointensity, surrounding edema, and a mass effect on the cerebral parenchyma. The mass exhibited significant enhancement after gadolinium injection, along with leptomeningeal enhancement. The patient underwent complete surgical resection of a gray hemorrhagic mass. Pathological examination confirmed the diagnosis of RDD.

Conclusion:

Although isolated intracranial RDD is rare, it should be considered as a differential diagnosis when evaluating a dural mass.

P25- Sinusitis: benign yet lethal

Roua Latrach, Rihab Ben Fradj, Omar Hattab, Slim Gallaoui
Department of Neurosurgery Sahloul Hospital Sousse

Abstract :

Sinusitis is a common infection that affects individuals of all ages. It is considered a significant healthcare issue due to its impact on daily life and potential complications. When not taken seriously, sinusitis can progress to central nervous system infections and, in rare cases, result in death.

We report the case of a 64-year-old male with no significant medical history who initially sought medical attention for headaches and fever lasting two weeks. Despite early consultation, his symptoms persisted, leading him to present to the emergency department. A cerebral CT scan revealed ethmoidal and maxillary sinusitis with a right frontal abscess. The patient underwent urgent surgery for the sinusitis. Postoperatively, he exhibited no signs of awakening and had bilateral mydriasis. A follow-up CT scan revealed a right hemispheric subdural empyema, for which he was subsequently operated.

This case underscores that sinusitis is a serious healthcare problem that should be addressed promptly. Its potential complications highlight the need for early and thorough treatment to prevent severe outcomes.

P26- Symptomatic subdural hygroma: an unlikely complication of decompressive craniectomies

Mohamed Ali Kharrat, G. Gader; W. Mansour; F. Bahri; A. Bedioui; S. Guédiche; M. Zouaghi; M. Rkhami; M.Badri; K. Bahri; I. Zammel
Department of neurosurgery, Trauma and Burns Center

Abstract :

Introduction:

Decompressive craniectomy is a proposed technique for the treatment of intracranial hypertension secondary to brain injury. Its use may improve vital and functional prognosis for survivors. However, this aggressive approach does come with complications, one of the more unexpected being subdural hygroma.

Case report:

We report the case of a 42-year-old man, with no medical background, who presented for a sudden onset of severe headache. the patient had a GCS score of 15/15 and no focal neurological signs. Brain imaging revealed subarachnoid hemorrhage caused by a ruptured aneurysm of the right sylvian bifurcation. The patient underwent surgery but had delayed post-operative awakening. A CT scan showed an infarct in the right middle cerebral artery territory. An urgent decompressive craniectomy was performed. The patient recovered consciousness but with left hemiplegia. Three weeks after discharge, he was readmitted with neurological deterioration. A follow-up CT scan revealed a left hemispheric subdural collection with significant mass effect, identified as a hygroma, which was evacuated through two burr holes. The patient regained good consciousness postoperatively.

Conclusions:

Although rare, hygromas following decompressive craniectomies are significant due to their potential morbidity and should not be overlooked.

P27- Tumefactive Cerebral amyloid angiopathy mimicking a brain tumour : Clinical and radiological characteristics of one case

Imen DAMMAK, Fatma KOLSI, Ahmed Daoued, Khalil AYEDI, Brahim KAMMOUN, Ines CHERIF , Mohamed Zaher BOUDAWARA
Neurosurgery department, Habib Bourguiba Hospital, Sfax , Tunisia

Abstract :

Cerebral amyloid angiopathy (CAA) is a common age related cerebral small vessel disease, characterised by progressive deposition of amyloid-(A) in the wall of small to medium sized arteries, arterioles and capillaries of the cerebral cortex and overlying leptomeninges. Previously considered to be a rare neurological curiosity, CAA is now recognised as an important cause of spontaneous intracerebral haemorrhage and cognitive impairment in the elderly. Our understanding of the pathophysiology and clinical manifestations of CAA continues to evolve rapidly. In rare instances, CAA manifests an infiltrative translobar masslike lesion, called tumefactive CAA. Standard magnetic resonence imaging (MRI) sequences are insensitive for detecting the microhemorrhages associated with tumefactive CAA, potentially delaying consideration of the correct diagnosis if gradient echo or susceptibility weighted imaging (SWI) is not performed. The purposes of this study were to describe imaging findings associated with this uncommon and underrecognized entity and to evaluate the role of SWI MRI sequences in its diagnosis.

P28- Primary bilateral occipital hydatid cysts: A rare case report

Hermassi Mohamed Aziz, S.Guediche, A.Bedioui, M.Zouaghi, M.Hamza, M.Rkhami, M.Badri, K.Bahri, I.Zemmel
Department of Neurosurgery, Trauma and Burns Center, Ben Arous

Abstract :

Background: Hydatidosis is a worldwide zoonosis produced by metacestodes of the Echinococcus granulosus. Cerebral hydatid cysts are extremely rare, forming only 2 % of all intracranial lesions.The parietal lobe is the most frequently involved region when the occipital location is unusual. Cerebral hydatid cysts are usually solitary and may be uni locular or multi locular. Multiple cerebral cysts are extremely rare and usually occur as a result of surgical or traumatic rupture, but spontaneous rupture is also possible. However, very rarely a multiple larval intake may cause primary multiple cerebral hydatid cysts. Computed tomography (CT) and magnetic resonance imaging (MRI) are helpful in the diagnosis of cerebral hydatid cyst. The best way to treat hydatid cyst is surgery. The goal is to remove the entire cyst.

Case description: A 36-year-old male patient was admitted with headache and blurred vision lasting for 3 months. Neurological examination disclosed bilateral decreased visual acuity and bilateral papilledema. Cranial MRI revealed bilateral occipital cysts. The cysts were totally extracted via the hydraulic dissection technique without rupture using two craniotomies.

Conclusion: Multiple intracerebral hydatid cysts are a rare condition.The occipital location is unusual.Radiological imaging modalities are mandatory for accurate diagnosis. This disease must be managed by surgical treatment for a complete excision of the cysts without rupture.

P29- Acute subdural hematoma due to rupture of a dural fistula in a young adult"

Baklouti Rim, Kammoun Ibrahim , Amal BenBelgacem
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Abstract :

A dural fistula is an abnormal connection between one or more arteries supplying the meninges, which enclose the brain parenchyma, and one or more cerebral veins. It can cause an obstruction to the venous return from the brain. It is an acquired lesion in adulthood.

Our case is about a 23 years old young Pregnant lady, 35 weeks of gestation with No medical history

Brought in by civil protection (found on the ground with periorbital bruising

A traumatic context is possible. She had Emergency delivery by cesarean section

Then CT scan was requested, showing: acute subdural hematoma

With Intraoperative discovery of three dural fistulas

P30- Atypical presentation of Moyamoya Disease : Acute intracranial hypertensin with intraparenchymal hematoma in absence of radiological findings

Ahmed Amine Daoued, M.A, A. Trifa , M. Ghorbel , M. Darmoul
Neurosurgery departement, Fatouma Bourguiba University hospital of Monastir

Abstract :

#I ntroduction :

Moyamoya disease (MMD) is a rare, progressive cerebrovascular disorder characterized by the narrowing and occlusion of arteries at the base of the brain, leading to the formation of abnormal vascular networks. Intracranial hemorrhage is a known complication, but its presentation without the classic radiological signs of MMD is exceedingly rare, making diagnosis challenging.

Case Presentation :

We report the case of a 12-year-old female who presented to the emergency department with acute onset of severe headache, vomiting, and altered consciousness, suggestive of acute intracranial hypertension. Head CT scan revealed a large intraparenchymal hematoma located in the right temporal lobe.

Given the size and location of the hematoma, the patient underwent emergency surgical evacuation. The post opertative MRI surprisingly revealed features consistent with Moyamoya disease.

#Discussion :

This case highlights an unusual presentation of Moyamoya disease where the patient exhibited acute intracranial hypertension secondary to an intraparenchymal hematoma without any radiological evidence of the disease. Typically, Moyamoya disease is diagnosed based on imaging that shows progressive stenosis of the internal carotid arteries and the presence of collateral vessels. The absence of these signs in our patient posed a diagnostic challenge.

P31- Cortical Blindness Following Brain Herniation: Two Case Reports

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National Institut of neurology Tunis

Abstract :

Background: Cortical blindness, due to brain herniation, results from ischemic damage to the occipital lobes despite intact eyes. This report highlights two cases with complex outcomes.

Methods: Two cases from the National Institute of Neurology were reviewed.

Results:

Case 1: A 44-year-old female with a history of mitral valve replacement and anticoagulants had intracranial hypertension and deteriorated rapidly. CT showed a chronic left subdural hematoma. Post-surgery, she developed bilateral mydriasis and permanent blindness, exacerbated by severe anemia (hemoglobin 7 g/dL).

Case 2: A 43-year-old male with cerebrospinal fluid rhinorrhea had repair of an osteodural breach. Postoperative status epilepticus led to cerebral swelling and occipital ischemia. He recovered consciousness but had permanent bilateral cortical blindness.

Conclusions: Early intervention is crucial to prevent cortical blindness. Effective management and monitoring are key to improving outcomes.

P32- Direct Carotid-Cavernous Fistula Revealed by Contralateral Exophthalmos

Nesrine Nessib, M.Naceur, K.Ghedira, S.Bouali, N.Hamami, J.Kallel
Institute of neurology of Mongi Ben hamida

Abstract :

INTRODUCTION Direct carotid-cavernous fistulas (CCF) typically manifest as classic ipsilateral pulsatile exophthalmos and a red eye. Exophthalmos exclusively on the contralateral side is rare: to our knowledge, only 19 cases have been reported in the literature.

METHODS We report the case of a 16-year-old male who presented with left-sided pulsatile exophthalmos following a head injury.

RESULTS Clinical results, CT scan, and MRI suggested a left-sided carotid-cavernous fistula. However, angiography revealed a right-sided CCF with venous drainage through the left superior ophthalmic vein. The patient declined treatment and was lost to follow-up. He returned seven months later with headaches but no worsening in neurological symptoms. Follow-up imaging showed a left temporal venous infarction and partial thrombosis of both cavernous sinuses. Embolization of the fistula was performed, and the exophthalmos gradually resolved within a few days. Six-month follow-up angiography showed permanent closure of the fistula.

CONCLUSION The purpose of this report is to highlight and discuss the different etiopathogenic mechanisms of carotid-cavernous fistulas with contralateral exophthalmos.

P33- Epilepsy in Cerebral Cavernoma malformations

Amal Benbelgacem, H. Daoud , I. Dammak , R. Baklouti, Kh. Ayedi , F . Kolsi, MZ. Boudawara
Department of Neurosurgery – UHC Habib Bourguiba –Sfax (Tunisia)

Abstract :

INTRODUCTION :

Cerebral cavernous malformations (CCM) are groups of tightly packed, irregular small blood vessels with thin walls. The vessels contain slow-moving blood that's usually clotted. These malformations may be asymptomatic. However, they can be fatal when they cause severe intracerebral haemorrhage.

CASE REPORT:

We report the case of a 34-year-old woman with no notable pathological history. She presented with headaches, vomiting and blurred vision. The patient had temporal seizures with epigastric sensations associated with emotional and memory disorders, and dysautonomia.

Brain imaging showed a right temporal mass. It was hypointense in T1 and T2* weighted images with no enhancement after contrast agent injection, suggestive of a cavernoma.

EEG detected a right temporal focus.

The patient underwent surgery. The lesion was completely removed.

Post-operative course was uneventful.

CONCLUSIONS :

CCM are rare. They may occur spontaneously or be hereditary. They are treated surgically.

P34- Giant vertebral artery aneurysm in a child

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Neurosurgery Department CHU Sahloul Sousse

Abstract :

Giant aneurysms are defined as intracranial aneurysms with a diameter of over 25 mm They are extremely infrequent with an incidence estimated at 2–5% of all intracranial aneurysmsan,d there Clinical symptoms are usually related to the mass effect . We report the case of a 9-year-old child with no medical or surgical history who was admitted for headaches with swallowing problems that had been evolving for 3 months without any notion of trauma or fever.

Examination of motor skills and sensitivity with no abnormalities

There was damage to the glossopharyngeal nerve with deviation of the uvula to the left. A cerebral MRI scan showed a giant, partially thrombosed aneurysm of the V4 segment of the right vertebra, 3 cm in diameter, exerting a mass effect on the cerebral train, with bleeding stigmata.

during hospitalisation, the patient presented with a sudden alteration in consciousness with bilateral mydriasis and non-recovered cardiorespiratory arrest. The complex anatomy of giant aneurysms in vertebral artery location frequently creates an extremely difficult management. The most important complications in giant aneurysm surgery is cerebral ischaemia due to the occlusion of perforating arteries.

P35- Optimizing surgical outcomes with pre-operative embolization in Hemangiopericytoma: A Case Report

Dorsaf Nouri [1], Insaf Dkhil [1], Soumaya Jelassi [1], Asma Ben Khalifa [1], Adonis Halouani [1], Imed Ben Said [2], Nadia Hammami [1], Sonia Nagi [1]

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2. Department of Neurosurgery, National Institute of Neurology Mongi Ben Hamida

Abstract :

Background: Hemangiopericytomas (HPC) are rare vascular tumors originating from pericytes, typically associated with high vascularity. Pre-operative embolization can reduce intraoperative blood loss and facilitate surgical resection.

Methods : This case report describes the clinical , radiological and surgical data of a patient who underwent pre-operative embolization of an intracranial HPC. This case was hospitalized in the neurosurgery department of the National Institute of Neurology Mongi Ben Hamida between May and June 2024.

Case report: A 21-year-old female presented with a three-month history of progressive headache associated with a subcutaneous occipital tumefaction. MRI of the brain revealed a 7cm enhancing mass in the posterior fossa with intra and extradural extension strongly suggestive of an hemangiopericytoma . Angiography confirmed the highly vascular nature of the lesion. Pre-operative embolization was performed using liquid embolic agents (Onyx) via the feeding branches of occipital cerebral artery. Post-embolization angiography via the external carotid arteries shows an 80% reduction in the tumor blush. The patient underwent successful surgical resection of the tumor with minimal intraoperative blood loss. Histopathological examination confirmed the diagnosis of hemangiopericytoma.

Conclusion: Pre-operative embolization of hemangiopericytomas can significantly reduce tumor vascularity and intraoperative blood loss, improving surgical outcomes.

P36- Post-Traumatic Exophthalmos: Diagnosis and Successful Embolization of a Carotid-Cavernous Fistula

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Abstract :

Introduction: A carotid-cavernous fistula (CCF) is an abnormal connection between the carotid artery and the cavernous venous system, occurring spontaneously or post-trauma. Post-traumatic CCF is a rare but serious complication, often requiring endovascular embolization. CCFs are classified by Barrow et al. into direct (type A) and indirect (types B, C, D).

Methods: Imaging is essential for diagnosis and treatment planning. Contrast-enhanced CT and MRI are used to identify CCFs, followed by cerebral angiography to guide the endovascular approach.

Case Report: A 19-year-old male presented with post-traumatic exophthalmos. Examination revealed proptosis of the right eye, redness, and reduced visual acuity. CT and MRI showed asymmetric enhancement of the cavernous sinus with attenuation similar to internal carotid artery. Due to high risk of rupture, cerebral angiography was performed, confirming the CCF. Endovascular embolization was successful, completely occluding the fistula. Post-procedural imaging showed resolution of the fistula. The patient fully recovered.

Conclusion: This case highlights the importance of prompt imaging and intervention in managing traumatic CCF, which can present with atypical symptoms like exophthalmos. The successful endovascular embolization effectively treated the condition, avoiding unnecessary surgery and underscoring the vital role of advanced imaging and endovascular therapy in managing this potentially life-threatening condition.

P37- Tympanic paraganglioma: Case Report

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ENT departement of Habib Thameur Hospital

Abstract :

Intro:Tympanic paraganglioma (TP) is a rare neuroendocrine tumour. Symptoms are often non specific which may delay treatment.If left untreated, the tumour may spread to adjacent structures, causing endocranial complications. Objective: Describe the clinical, radiological and therapeutic features of TP. Methods:One case of TP, managed and treated in our department with complete excision of the mass and a good postoperative evolution. Observation: A 71-year-old patient with a history of hypertension and right myringoplasty presented with otorrhagia, otorrhea and tinnitus for 3 years.The examination showed a bluish vascular mass filling the right external auditory canal, with a right facial paralysis. Audiometry revealed a mixed hearing loss of 70db.The CT scan revealed a tumour filling the right EAC associated with lysis of the tegmen tympani without endocranial extension. The MRI was in favour of a right tympanic paraganglioma, distant from the jugular foramen StageB of the Fisch classification. An angio-MRI scan revealed a tumour blush vascularized mainly by the ascending pharyngeal artery, which was embolizembolized preoperatively.The patient underwent a canal wall down tympanoplasty with complete removal of the tumour. The evolution was marked by the disappearance of facial paralysis and a hearing improvement with no sign of recurrence on the follow-up MRI. Conclusion:This case highlights the importance of early diagnosis and management to avoid endocranial complications.

P38- Unexpected Wallenberg Syndrome relaated to a Distal Aneurysm of the Posterior Inferior Cerebellar Artery

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burns and trauma center of ben arous

Abstract :

Introduction:

Posterior inferior cerebellar artery (PICA) aneurysms are rare, accounting for approximately 3% of all intracranial aneurysms. Those arising from the distal portion of the PICA are extremely rare, representing 0.9-5.2% of all PICA aneurysms.

Materials and Methods:

We report a case of a 40-year-old patient with Wallenberg syndrome on clinical examination related to a distal PICA aneurysm diagnosed by brain MRI angiography. The therapeutic decision was made following cerebral angiography.

Conclusion:

Distal PICA aneurysms are extremely rare and may present with Wallenberg syndrome due to compression of adjacent nerve structures. The therapeutic decision will depend on the results of cerebral angiography.

P39- Vasospasm following an arteriovenous malformation rupture : a rare case report

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Department of neurosurgery Habib Bourguiba Hospital, Sfax, Tunisia

Abstract :

Background:

Arteriovenous malformation (AVM) rupture is the second cause of spontaneous subarachnoid hemorrhage (SAH) following aneurysm. Vasospasm is well reported in aneurysmal SAH. However, it remains a rare complication following an AVM rupture.

Methods:

We report a rare case of severe vasospasm following the rupture of an arteriovenous malformation (AVM) in a male patient

Results:

A 35-year-old male with no medical history presented to the emergency room for acute severe headache. Neurological examination revealed meningeal syndrome with no motor deficit. Initial computed tomography (CT) revealed right frontal hematoma with intraventricular hemorrhage. Cerebral angiography revealed an AVM located in the right frontal lobe. On day 17 after the hemorrhage, the patient presented a sudden onset of motor aphasia associated with paraparesis and disturbance of consciousness . Magnetic resonance imaging revealed diffuse cortical and junctional infarction and severe narrowing of the bilateral internal carotid arteries. He received treatment with partial improvement of symptoms.

Conclusions:

The characteristic features of vasospasm after intraventricular hemorrhage from AVMs are delayed onset, acute deterioration of consciousness, female predominance, and localization to the bilateral internal carotid arteries. Treatment of patients with AVM rupture should consider the risk of severe vasospasm.

P40- Mind the Onodi cell: internal carotid artery pseudoaneurysm as a complication of transsphenoidal hypophysectomy due to an anatomical variant of the paranasal sinuses.

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Department of neuroradiology of the National Institute of Neurology Mongi Ben Hamida of Tunis

Abstract :

Introduction : Transsphenoidal surgery is an approach of the pituitary region with advantages over open craniotomy. Iatrogenic injury of the internal carotid artery (ICA) can occur during this procedure. Risks of this complication are higher with certain anatomical variants.

Methods :We present the findings of a patient who developed a left ICA pseudoaneurysm following transsphenoidal surgery for a pituitary adenoma. The patient was hospitalized in the neurosurgery department of the National Institute of Neurology of Tunis during the months of June and July 2024.

Case report : A 55-year old male presented with vision loss due to a compressive pituitary adenoma. During transsphenoidal surgery, arterial bleeding occurred, that was treated with hemostatic packing. After surgery, computed tomography (CT) and magnetic resonance (MR) angiography were carried out and displayed a prepontine subarachnoid hemorrhage and a pseudoaneurysm of the supraclinoid ICA. This lesion occurred in direct contact to an Onodi air cell (superolateral extension of the posterior ethmoid cell). A digital substraction angiography was thus conducted confirming the ICA pseudoaneurysm which was directly treated by coiling. Clinical situation worsened after the procedure and brain death occurred on the 25th post-operative day.

Conclusion : Attempts to enter the sphenoid sinus through the posterior wall of an Onodi air cell can result in the injury of the ICA. Preoperative sinus CT can detect this anatomical variant.

P41- A case of refractory chordoma of the clivus with a review of therapeutic targets

Hermassi Mohamed Aziz, M.Khrifech, F.Ben Atig, N.Nessib, Z.Oualha, A.Belhadj, E.Chahed, A.Slimane, I.Ben Said, J.Kallel
Department of Neurosurgery, National institute of neurology, Tunisia

Abstract :

BACKROUND: Chordomas are rare slow-growing tumors of the bone that are locally aggressive and arise from embryonic remnants of the notochord. The clinical presentation of chordomas is dependent on the site of the neoplasm. Brain MRI remains the preferred diagnostic modality imaging modality followed by a tissue biopsy to confirm the underlying pathology and the classical presence of physaliphorous cells. The mainstay of treatment remains surgical resection with adjuvant radiotherapy with a limited role of conventional chemotherapy. For locally advanced tumors, the prognosis remains poor despite multimodality treatment.

CASE: In this report, we highlight a case of recurrent clival chordomas with disease progression even with two surgical resections and radiotherapy treatment. Our patient presented with intermittent diplopia and further investigation confirmed clival chordoma. The patient was disease-free for 7 years post initial surgical resection and adjuvant radiotherapy but eventually had multiple disease recurrences. We will be discussing ongoing clinical trials in the management of clival chordomas and emerging potential therapies. As with many rare cancers, access to tumor profiling and finding actionable targets through precision medicine, play a crucial role in improving outcomes. It is imperative that further studies and clinical trials are instituted to influence clinical outcomes.

P42- A commonly called neurophobic tumor metastasizing in the cerebellum

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Neurosurgery department of the military hospital of Tunis

Abstract :

Background: Endometrial cancer is one of the most common gynecological malignant tumors in women after menopause. Since it metastasizes by local invasion or lymphatic spread, intracranial metastases are rare. They occur in about 10-30% of all patients and the cerebellar location is even more exceptional. These metastases are usually associated with a poor prognosis.

Case-report: We report the case of a 54-year-old female patient, who was followed-up for an endometrial carcinoma for which she received chemotherapy and radiotherapy. She was admitted to our unit for headaches and a static cerebellar syndrome. On the MRI, we found a left cerebellar and superior vermian multinodular process. The patient underwent a subtotal tumor resection via a suboccipital approach with a good evolution revealing an endometrial metastasis. it still remains ambiguous why certain malignancies tend to metastasize to the brain while others don't. The exact pattern of invasion to the brain in the absence of widespread disease remains unclear. The further understanding of the process of distant spread to the brain is crucial, since patients often die of their brain disease even in the course of controlled systemic cancer.

Conclusion:

Although endometrial cancer is considered to be a neurophobic tumor, cases of intracranial involvement occur even in the absence of extracranial systemic spread. The combination of surgery and radiotherapy, yields higher survival rates than surgery alone.

P43- A Morbid association including an intracranial Gliosarcoma : A Case report and Review of Litterature

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Neurosurgery Department, Military Hospital of Tunis

Abstract :

Background

The Gliosarcoma is a rare brain tumor characterized by biphasic proliferation of the central nervous system, with a glioblastoma-like and a sarcomatous contingent.

It is classified as grade IV by the World Health Organization (WHO) and accounts for 0.8% to 8% of all glioblastomas. The average age of onset varies from 40 to 60 years, with a slight male predominance.

Treatment consists of surgical excision followed by external radiotherapy and chemotherapy.

Methods

We report the case of a 53-year-old woman with a history of Neurofibromatosis, admitted for signs of intracranial hypertension and neurological deficit in connection with a right parietal mass showing a double component as well as stigmata of intra-tumoral bleeding.

Results

She was operated on via a right parietal transcortical approach with near-complete excision.

Anatomopathological study concluded to a high-grade Gliosarcoma.

Conclusion

Gliosarcoma is a tumor with a dual glial and sarcomatous component. The clinical picture is polymorphous, imaging data (CT, MRI) are suggestive, and confirmation is histological and immunohistochemical.

Treatment is essentially based on surgery and radiotherapy; The prognosis remains somber.

P44- A Primary Fronto-Spheno-Orbital Intraosseous Meningioma Causing Exophtalmos and Soft Tissue Invasion: Case Report

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Department of neurosurgery Military Hospital of Tunis

Abstract :

Meningiomas, arising from arachnoid cap cells commonly located in the arachnoid layer of the meninges, are the most common tumors of the central nervous system, and represent up to 30 per cent of all tumors “Ectopic meningiomas” refers to meningiomas with no contact with arachnoid layer.

Defined recently as “extradural meningiomas", this subtype of meningiomas is rare (<2% of all meningiomas , and most arises within the calvarium).

Primary intraosseous meningioma (PIOM) is a term used to describe a subtype of extradural meningiomas that arises in bone, It represents approximately two thirds of all extradural meningiomas [2]. Roshal classified in 2004 PIOM after a study concerning 15 cases of intraossous meningiomas and showed that the osteolytic form is the rarest. Commonly, Such PIOMs are usually mistaken for primary bone tumors [3]. Indeed, while bone invasion and hyperostosis are frequent phenomena in meningiomas; in primary intra-osseous meningiomas it remains rare.We report a case of PIOM of the fronto spheno orbital bone that infiltrated the Dura mater and soft tissues and caused exophtalmos, and we review the literature.

P45- A rare case of a meningioma originating from the choroid plexus of the foramen of Luschka

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Abstract :

Meningiomas are the most common benign brain tumors, and most of them originate from the dura mater. However, in some cases, these tumors can originate from the choroid plexus, and they are rarely found in the posterior cranial fossa. A 70-year-old male patient presented with headaches, dizziness and swallowing difficulty and was found to have a homogeneously enhancing mass in the lower posterior cranial fossa extending through the foramen magnum. Initial treatment with corticosteroids alleviated the symptoms. Mass removal was performed through a medial suboccipital craniotomy, and the mass was confirmed to originate from the choroid plexus. The pathological diagnosis was meningothelial meningioma. The patient had temporary swallowing difficulty and gait instability, but recovered without any neurological sequelae with additional corticosteroid treatment.

We report a rare case of a lower cerebellopontine angle meningioma without dural attachment originating from the choroid plexus of the foramen of Luschka.

P46- A Rare Case Report of Intraventricular Anaplastic Pleomorphic Xanthoastrocytoma

Myriam Naceur, S.abdelhafidh, N. Nessib , A. Belhadj ,K. Ghedira, S. Bouali , K. Abderrahmen, I.Ben Said, J.Kallel
Institut Of Neurology Of Tunis

Abstract :

Background:Pleomorphic xanthoastrocytoma (PXA) is a rare astrocytic tumor that usually occurs in the superficial cerebral hemispheres of children and young adults and has a relatively favorable prognosis.To our knowledge, this is only the forth case report to describe an intraventricular PXA.

Results:We describe a rare case of a 21-year-old woman presenting with a three-day history of dizziness and memory impairment. On clinical examination, she had a wide-based gait and postural instability. Laboratory tests were unremarkable. The patient underwent a CT scan, which showed an intraventricular heterogeneous mass.An MRI scan was performed, revealing a well-defined intraventricular lesion, with cystic and necrotic areas, hemorrhagic components, areas of restricted diffusion, and a peripheral solid component with post-contrast enhancement. This lesion was initially diagnosed as a central neurocytoma.the patient underwent gross total resection of the tumor. Postoperative was uneventful. However, postsurgical pathological examination identified the mass as pleomorphic xanthoastrocytoma (PXA), World Health Organization (WHO) Classification of Tumours of the Central Nervous System (CNS) grade 3.

Conclusions:PXA is an uncommon astrocytic tumor, and its occurrence intraventricularly is extremely rare. This study highlights its unique imaging features and the critical role of MRI in preoperative assessment, underlining the tumor's unusual intraventricular location.

P47- A spontaneous rupture of an intracerebral Dermoid Cyst: a case report and a review of the litterature

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Mohamed Chabaane ; Ben Messaoud mahmoud ; Ben Fredj Rihab ;
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Abstract :

Intracranial dermoid cysts (mature cystic teratoma) are rare and represent less than 1% of all intracranial lesions, with rupture occurring in approximately 0.18% of these cases which is A dreaded Complication of this tumour. We Report The case of a 19 year old Female patient, with no past Medical history, who presented to the emergency department after the onset of occipital headaches, nausea, vomiting, with a slight phonophobia and photophobia, and no history of fever of brain trauma. MRI showed a cisterna Magna lesion, with fat, liquid and blood components, and Scattered fat-containing droplets disseminated throughout the subarachnoid space. A moderate Hydrocephalus was noted. The patient was Put under Dexamethasone for a suspicion of a chemical meningitis due to a spontaneaous rupture of a posterior fossa dermoid cyst.The Resection was Performed via a Median Sub occipital craniotomy. On day Five post-surgery, the CT scan showed an active Hydrocephalus, An external ventricular Drain was put in place , and then a Ventriculo-peritoneal shunt was put in place. The cisterna Magna is not a frequent location. A dreaded complication of these tumours is rupture, their fatty content disperses into the subarachnoid space and may be present in any of the cisterns and ventricles, which can lead to epileptic seizures, sensory or motor deficits And Aseptic meningitis. In The case of our patient, an external ventricular Drain and then a ventriculo peritoneal shunt was necessary.

P48- About a rare case of multiples liver metastases from a brain meningioma with literature review

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Abstract :

Introduction

Meningiomas are primary central nervous system neoplasms that originate in meningothelial cells and represent the most common type of benign extra-axial brain tumor. Extra-neurological metastases are quite rare and occur in 0.1% of cases. The main metastatic sites are usually the lungs, bones, pleura, mediastinum and lymph nodes. Hepatic locations are quite rare and account for approximately 3% of all extracranial metastases. The dissemination route is still a subject of debate.

Case presentation

The authors present the following clinical case of a 31-year-old healthy male patient with surgical history of meningioma excisions, who presents, 3 years later, evidence of liver masses on tomography and confirmed diagnosis of liver metastases from brain meningioma after biopsy.

Discussion

The overall incidence of extra-neurological metastases of meningiomas remains low. The vast majority of these metastases concern those of high grade, namely WHO grade 2 and 3 as it was reported in our case. Hepatic metastases remain quite rare and account for approximately 3% of all extracranial locations. Due to these characteristics of having low recurrence and its rare frequency of metastasis to extracranial sites, the authors, through their case, will dig into the literature to dissect this rare entity.

Conclusion

In the report of liver lesions, the first differential diagnosis in mind should be metastatic lesions, if there is a prior clinical history of primary tumors.

P49- Against the Odds: A Rare Case of a medulloblastoma in an adult

Farah Bahri, Ghassen Gader, Wiem Mansour, Houssem Hdhili, Aziz Bedioui, Skander Guediche, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsèn Zammel
Department of Neurosurgery, Trauma and Burns Center, Ben Arous, Tunisia

Abstract :

Introduction: Medulloblastomas are the most frequent primary malignant posterior fossa neoplasm in pediatric patients. It is exceptional in adults as it constitutes less than 1% of all primary brain tumors. Due to the limited number of adult medulloblastoma cases, data are scarce, resulting in treatments based on pediatric protocols. However, research shows significant differences in tumor biology and treatment strategies between children and adults.

Case report: We report the case of a 59 year-old woman, with a history of arterial hypertension and diabetes, who presented with dizziness associated to an intracranial hypertension syndrome evolving since 1 month. Physical examination found a fully conscious patient, who had static and left kinetic cerebellar syndromes.Brain MRI showed 2 intra-axial lesions within the left cerebellar hemisphere, suggestive of metastases.Incomplete resection was performed. Histopathological and immunohistochemical analyses confirmed the diagnosis of classic medulloblastoma. Postoperative course was uneventful. The patient received adjuvant radiotherapy with no signs of progression at 2-year follow up.

Conclusions: Medulloblastomas must be considered in the differential diagnosis of posterior fossa lesions to ensure appropriate management of atypical cases in adults. Although the extent of surgical resection does not appear to influence overall survival rates, craniospinal radiotherapy is associated with a superior long-term prognosis.

P50- An adenoma mimicking a craniopharyngioma

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Institute of neurology of Mongi Ben hamida

Abstract :

INTRODUCTION The sellar and the suprasellar region (SSR) harbours sophisticated anatomy with a remarkable diversity of tissues from a cytogenetic view. Consequently, a wide and heterogeneous array of lesions may originate in this region. However, the lack of characteristic imaging features of these lesions poses a dilemma in distinguishing them from the more “common” lesions preoperatively.

METHODS A 60-year old man consulted for left-eye sudden decrease in visual acuity associated with hormonal disorders.

RESULTS Our patient presented with erectile disorders, gynecomastia and decreased libido. In examination, the patient had a normal visual acuity in the right eye, and could count fingers at 10 meters without papilledema in the left eye. The patient presented an android obesity with an important adipose panicle.

MRI showed a solid-cystic expansive process with a fibrous intra and supra sellar component. It is surmounted by a cystic component with a raised wall. This lesion suggests first of all a craniopharyngioma.

Endocrinological findings showed an extremely high prolactin level, while other pituitary hormone levels were within normal limits.

The patient was operated with a complete exeresis.

CONCLUSION The correlation of the subtle radiological findings demonstrated with the specific clinical features may facilitate the differential diagnosis of rare lesions of the SSR and aid in establishing an interdisciplinary diagnostic and therapeutic procedure for these lesions.

P51- An Unsual Location Of A Giant Cell Tumor

Myriam Naceur, A.Slimane, F. Ben Atig, A.Belhadj, K.Ghedira, S.Bouali, A.Bouhoula, K.Abderrahmen , J.Kallel
Institut Of Neurology Of Tunis

Abstract :

BACKGROUND Giant cell tumor (GCT) is a benign tumor that originates from undifferentiated mesenchymal cells of the bone marrow. The cranium as well as temporal bone is a rare location for GCTs. Despite its benign nature, GCT may be locally aggressive and has the potential to recur locally. Surgical excision is the treatment of choice for patients with GCT.

METHODS We report the case of a 42-year-old male who was treated in the national institute of neurology Mongi Ben Hamida in Tunis.

RESULTS Our patient presented with left otorrhea with evolving left hypoacusis for 8 months. On examination, the patient presented with otitis externa and was treated with antiobiotherapy for one month with a good evolution. At the audiogram, we noted an evolving mixed deafness.

Magnetic resonance imaging (MRI) showed multi-loculated expansive process in the left temporal and infra-temporal fossae in contact with the temporomandibular joint, containing isosignal T1, hypersignal T2, early peripheral and late central enhancement compartments.

A supra-atrial biopsy was performed and the anatomopathological examination concluded to a giant cell tumor. The patient has been referred for radiotherapy.

CONCLUSION Giant cell tumors of bone (GCTBs) are benign osteolytic neoplasms that can be treated with either gross-total resection or subtotal resection with adjuvant radiotherapy.

P52- Aneurysmal cyst of ethmoid bone: A case report

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Department of Neurosurgery, Trauma and Burns Center, Tunisia

Abstract :

Aneurysmal bone cysts (ABCs) are benign, slow growing expansile lesions usually found

in long bones or vertebrae. Plain radiography reveals expansion of bone and cortical thinning.

MRI may assist in diagnosis by virtue of its ability to demonstrate blood–fluid levels, which is a

characteristic finding in these lesions. Very few cases of ABC of the paranasal sinuses have been

reported in the literature. We present MRI findings and management of ABC of the ethmoid sinus in a 17-year-old male.

P53- Atypical presentation of posterior fossa tumor in infant :The Role of Advanced MRI Sequences

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Abstract :

Introduction : Infratentorial tumors (ITT), including medulloblastoma, pilocytic astrocytoma, brainstem glioma, and ependymoma, are the most common cerebral tumors in infants. Pre-surgical identification of tumor type and aggressiveness can be enhanced by combining key imaging features on MRI and CT with epidemiological data.

Methods : We present the clinical, radiological, and histological data of two patients with atypical imaging presentations, in the Neurosurgery Department of the National Institute of Neurology, Mongi Ben Hamida, between February and March 2024.

Case Report : The first case involves a 6-year-old girl with headaches and balance disorders. MRI revealed a ITT with solid and minimal cystic components. The solid portion showed a hyperintense T2 and hypointense T1 signal with a significant enhancement. We suggested a pilocytic astrocytoma diagnosis, confirmed by histopathology.

The second case concerns a 7-year-old boy with headaches and bilateral eyelid edema. MRI identified an ITT with both solid and cystic components. The solid portion exhibited an intermediate T2/FLAIR and hypointense T1 signal and mild diffusion restriction with heterogeneous enhancement. The differential diagnosis included ependymoma, pilocytic astrocytoma, and medulloblastoma.

Conclusion : Imaging modalities provide critical insights, aiding in the accurate distinction between ITT in infants, essential for guiding appropriate treatment strategies.

P54- Awake craniotomy for brain tumor: indications, technique and benefits

Elouni Emna, Trifa Amine, Wiem Boudabbous, Ghorbel Mohamed, Mohamed Amine Hadj Taeib, Krifa Ilyes, Ghassen Belkahla, Hadhri Maher, Kais Maamri, Ben Nsir Atef, Mahdi Darmoul
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Abstract :

Increasing interest in the quality of life of patients after treatment of brain tumors has led to the exploration of methods that can improve intraoperative assessment of neurological status to avoid neurological deficits. The only method that can provide assessment of all eloquent areas of cerebral cortex and white matter is brain mapping during awake craniotomy. This method helps ensure that the quality of life and the neuro-oncological result of treatment are not compromised. Apart from the medical aspects of awake surgery, its economic issues are also favorable. Here, we review the main aspects of awake brain tumor surgery. Neurosurgical, neuropsychological, neurophysiological and anesthetic issues are briefly discussed.

P55- Brain Metastasis from Pancreatic Cancer: a rare entity

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Abstract :

"Pancreatic cancer is a fatal and deadly disease. It is the fourth leading cause of cancer-related death, and is most often diagnosed at an advanced stage. Metastases are often present at the time of diagnosis, and generally located in the liver and lungs. Brain metastases, on the other hand, are extremely rare, occurring in only 0.1-0.3% of cases.

Case report

We report the case of a 52-year-old patient with pancreatic adenocarcinoma and brain metastasis, 7 years after treatment of the primary tumor. A 52-year-old patient, operated on 7 years ago for pancreatic adenocarcinoma, presented with headaches of progressive onset that had been evolving for one month. Neurological examination was normal. Cerebral imaging showed a compressive temporal mass with irregular peripheral enhancement and significant peri-lesional edema. The patient underwent surgery with incomplete excision of the tumor, and pathological study concluded that the lesion was metastatic from a pancreatic primary. The patient received 10 sessions of cerebral radiotherapy. After one year, extension studies revealed multiple bone and lung lesions, with a recurrence of brain metastasis. He underwent re-operation with complete tumour resection. Post-operative chemotherapy was administered for 6 sessions. The patient progressively deteriorated clinically and died at 8 months post-operatively."

P56- Brain metastasis of uterine leiomyosarcoma: A rare case report

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Abstract :

BACKGROUND: Uterine leiomyosarcoma is a rare, extremely aggressive tumor with a high rate of metastasis. Five-year survival for individuals with metastatic disease is only 10%–15%. Metastases to the brain are exceptionally rare and are associated with poor survival.

CASE REPORT: We report a case of uterine leiomyosarcoma that metastasized to the brain in a 42-year-old woman. A single lesion on magnetic resonance imaging was discovered in the right temporal region 25 months after resection of the primary uterine tumor. The patient underwent a right temporal craniotomy with gross-total resection of the tumor and is receiving adjuvant radiotherapy and chemotherapy. At 6 months postresection, the patient remains alive and asymptomatic with no sign of recurrence.

CONCLUSION: Uterine leiomyosarcoma is an aggressive neoplasm with a high rate of recurrence and metastasis, rarely to the brain. Metastatic brain disease is managed with resection of the tumor focus and the variable use of adjuvant chemotherapy and radiation. Patients with brain metastasis continue to experience poor survival even after aggressive treatment

P57- Brain metastasis revealing bladder carcinoma: case report and review of the literature

Hatem Daoud, Talel kammoun Khalil Ayedi Marwen Taallah Fatma Kolsi Mohamed Zaher Bouydawara
Neurosurgery Department CHU Habib Borguiba Sfax

Abstract :

Pancreatic cancer is a fatal disease. It is the fourth leading cause of cancer-related deaths and is most often diagnosed at an advanced stage. Metastases are often present at the time of diagnosis and are generally located in the liver and lungs. Brain metastases, on the other hand, are extremely rare, occurring in only 0.1-0.3% of cases.

We report the case of a 52-year-old patient with pancreatic adenocarcinoma with brain metastasis, 7 years after treatment of the primary tumour. A 52-year-old patient, who had undergone surgery for pancreatic adenocarcinoma 7 years previously, presented with progressive headaches that had been progressing for a month. Neurological examination was normal. Cerebral imaging showed a compressive temporal mass with irregular peripheral enhancement and significant peri-lesional oedema. The patient underwent surgery with incomplete removal of the tumour, and the pathological study concluded that the lesion was metastatic from a pancreatic source. The patient received 10 sessions of cerebral radiotherapy. After one year, extension studies showed multiple bone and lung lesions with a recurrence of brain metastasis. He underwent re-operation with complete tumour resection. Post-operative chemotherapy was administered for 6 sessions. The patient progressively deteriorated clinically and died at 8 months post-operatively.

P58- Brain metatases secondary to systemic lymphoma

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Abstract :

Introduction :

Brain damage linked to systemic leukemia is rare and unusual , yet very serious and represents a fatal complication. Brain metastases secondary to lymphoma represent an uncommon cause of leukemia mortality and an unusual mode of presentation of systemic leukemia . About two cases.

Observation:

We report a case of a 55-year-old man with known B-cell lymphoma treated with chemotherapy. Last cure in December 2023. Admitted for the management of a vermian expansive process. The biopsy revealed a location in the posterior fossa of his high-grade B lymphoma (WHO 2022).

A 59-year-old woman with a history of treated diffuse intestinal, uterine, bone and pulmonary large-cell B-cell lymphoma. Admitted for treatment of a brain metastasis. brain biopsy, a secondary cerebral localization of her diffuse large cell Burkitt lymphoma was highlighted, and already known in this patient.

Suspicion of systemic location lymphoma of the central nervous system staging to establish and clarify the extent of disease. Full body PET scanning or computed tomography of the chest, abdomen, and pelvis, supplemented by bone marrow biopsy and, in male patients, by dedicated testicular ultrasound. Systemic disease is found in approximately 4% to 12% of patients.

Complete staging of systemic lymphoma requires gadolinium-enhanced magnetic resonance imaging of the brain.

Conclusion :

A systemic location of a lymphoma should raise suspicion of a cerebral location, certainly rare and uncommon

P59- Central diabetes insipidus as the inaugural manifestation of Langerhans cell histiocytosis in adult

Sameh ACHOURA, Hajer KAMMOUN, Sameh SAYEHI, Hichem, AMMAR, Med Dehmani YEDEAS, Ridha CHIKILI
Department of neurosurgery Military Hospital of Tunis

Abstract :

Langerhans histiocytosis (LH) is a rare disease that is more prevalent in children. Adult onset LH is less observed. Its etiology still remains unclear. Bone involvement is the most frequent. Other organs involvement such as pulmonary, pituitary and cutaneous is rarer. Diagnosis confirmation relies on histological examination.It highlights the accumulation of Langerhans cells organizedas granulomas with positive immunohistochimical staining for CD1a. Optimal treatment choices are still undefined. It depends whether it involve a single system or is a multisystem form withlife-threatening organ involvement. Treatment is based on corticosteroids and Vinblastine associated with possibly resorting to surgery in some cases.

In this report, we present the case of amalepatient who developed multisystem LH (MS-LH) with multiple bone lesions, pulmonary involvement and pituitary infiltration.This patientwas successfully treated by local surgical curettage and adjuvant corticoids therapy.

P60- Cerebellar protoplasmic astrocytoma A case report

Malek Bourgou, F.Ben Atig; A.Slimene; A.Belhadj; S.Bouali; J.Kallel
National Institut of neurology Tunis

Abstract :

Introduction :

Low-grade astrocytomas are primary central nervous system tumors arising from glial cells, classified by the World Health Organization (WHO) into grade I and II gliomas. Unlike grade I gliomas, grade II gliomas are characterized by a highly infiltrative nature and inevitable degeneration. Protoplasmic astrocytomas are the rarest histological variant of grade II glial tumors, and their cerebellar location is exceptional.

Results:

We report the case of Mrs. K.M., a 53-year-old woman with no notable medical history, who presented with rapidly progressive occipital headaches, dizziness, and gait disturbances characterized by instability. Examination revealed a right-sided kinetic and static cerebellar syndrome. Imaging with a CT scan (Fig. 1) and MRI (Fig. 2) showed a right cerebellar hematoma with a highly probable underlying tumor lesion. The patient underwent surgery, including hematoma evacuation and complete lesion resection. Histopathological analysis confirmed a grade II protoplasmic astrocytoma according to WHO classification. The patient received postoperative conformational radiotherapy at a dose of 50 Gy, showing good clinical progress and no tumor recurrence on follow-up imaging.

Conclusion :

Protoplasmic astrocytomas are the rarest histological variant of grade II astrocytomas, predominantly located in the supratentorial region. Cerebellar location is exceptional.

P61- Chordoma in the Cranial Vault of an Infant: A Rare Case of an Uncommon Tumor in an Unexpected Location

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National Institut of neurology Tunis

Abstract :

Introduction

Chordomas are rare bone tumors that develops in spinal vertebrae and skull base with a predilection for the clivus. Their occurrence in the cranial vault has not been reported in the literature.

Case report

We report the case of an 18-month-old patient who presented with generalized tonico-clonic seizures and delayed psychomotor development. Brain MRI revealed a solid-cystic right frontotemporal lesion. the patient underwent gross tumor resection. Histopathological exam confirmed a chordoma.

conclusion

Chordomas are slow-growing, predominantly affecting older males and arising from remnants of the notochord. Treatment involves surgical resection and adjuvant radiotherapy. They have a high rate of local recurrence, leading to a poor prognosis. A chordoma in the cranial vault in an infant is rare both by terms of location and age of onset.

P62- Conus Medullaris Teratoma: Case Report and Literature Review

Myriam Naceur, N.Nessib , A.Belhadj , A. Slimane , K.Ghedira, S.Bouali , A. Bouhoula , K.Abderahmen , J.Kallel
Institut Of Neurology Of Tunis

Abstract :

Background: Teratomas of the spinal cord constitute 0.1% of all spinal tumors, and these lesions are extremely rare in adults. The authors describe a rare case of intradural intramedullary teratoma of the conus medullaris and perform review of literature of intramedullary teratomas seen in the thoracolumbar region.

Case description: A 38-year-old man presented with fasciculations in the bilateral upper and lower extremities with urinary retention. Radiologic findings revealed an intradural partly enhancing mixed cystic and solid lesion with intralesional intrinsic T1 hyperintense components that were suppressed on fat suppressed sequences, inseparable from the conus medullaris. L1-L2 decompressive laminectomies were performed, and gross total resection of the lesion was achieved. Histopathologic examination confirmed the diagnosis of benign mature cystic teratoma. The patient made a complete recovery.

Conclusions: Teratomas should be taken into consideration in the differential diagnosis of intramedullary lesions when the imaging reveals variable signal intensity because of tissue heterogeneity. A partial resection is a viable treatment option when the lesion is attached to vital structures because of the low recurrence rates reported in the literature.

P63- Dermatofibrosarcoma protuberans of the scalp

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Neurosurgery Departrement, National Institute of Neurology, Tunis.

Abstract :

Background

Dermatofibrosarcoma protuberans of the scalp (DFSP) is a rare soft tissue neoplasm originating from the dermal layer of the skin, usually affecting the adults

Methods

We report the case of a 52-year-old male with a huge lump on the vertex. On clinical examination, a single, non-tender, fi rm nodule measuring 5 cm in diameter, mobile on palpation with base fixed. The swelling was non-pulsatile and trans-illumination was negative. Magnetic resonance imaging showed a soft tissue mass on the vertex region with extraaxial intracranial extension with compression and displacement of the superior sagittal sinus and intramural thrombus. A wide local excision of the tumor was performed and the excised specimen was sent for histopathological examination. Histopathology and Immunohistochemistry was suggestive of DFSP.

Results

Dermatofibrosarcoma protuberans (DFSP) is a malignant cutaneous spindle cell tumor. DFSP has an aggressive growth pattern with a high propensity for recurrence (20%-50%). Histologically tumor-free margins must be achieved to ensure cure. The scalp is a common site of occurrence with higher rates of recurrence compared with other body sites

Conclusions

Dermatofibrosarcoma protuberans is a rare neoplasm affecting the head and neck region. This unusual entity is more likely to recur when a small margin of surgical excision is performed. Wide local excision is the gold standard treatment and radiotherapy is preferred in recurrent diseases.

P64- Dermoid cyst of posterior fossa

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Abstract :

Background :

Dermoid cysts of posterior fossa are uncommon benign lesions, usually a child's tumor. An exceptional site of origin for a posterior fossa dermoid cyst the epidural space .Symptomatic clinical presentation usually occurs in one of two ways: mass effect or rupture .Radiologically, dermoid cysts typically present as low density masses on computed tomography (CT) scan and are generally hyperintense on T1-weighted magnetic resonance imaging (MRI) sequences with variable signal on T2-weighted sequences.

Methods

We present the case of a 35-year-old male presented with symptoms of increased intracranial pressure and a subcutaneous palpable mass in the paramedian right occipital region persisting since two years. Radiological investigations showed an epidural posterior fossa cyst that was hypodense on CT scans with a bone defect, hyperintense on MRI T1-weighted images. The patient underwent a total-gross resection of an extra-parenchymal posterior fossa tumor. The dura mater was intact .Pathologic examination of the specimen concluded to dermoid cyst.

Results

Intracranial dermoid cysts are congenital benign neoplasms that account for 0.1–0.7% of all intracranial tumors. Most intracranial cysts arise in the posterior fossa and they usually lead to neurological symptoms such as dizziness, headache, and meningitis during childhood.

Conclusions

Dermoid cyst of the posterior fossa is exeptional and a benign lesion surgically treatable.

P65- Epidermoid Cyst of the Fourth Ventricle: A reccurent Case Report

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Abstract :

Epidermoid Cyst of the Fourth Ventricle: A reccurent Case Report

Introduction:

Epidermoid cysts are rare benign tumors. Their location in the fourth ventricle is unusual. To date, a few cases have been published in the literature. We report the case of a voluminous epidermoid cyst of the V4 and discuss the clinico-radiological, therapeutic and evolutionary particularities of this unusual localization.

A case report :

We report the case of a 38-year-old patient with no medica background. Physical exam showed predominantly static cerebellar syndrome .Brain MRI showed an atypical lesion .The patient underwent surgery. Per operatively we found a whitish tumour with a pearly appearance. Surgical excision was subtotal. Immediate post-operative management was straightforward, and pathology confirmed the epidermoid cyst hypothesis. 10 years after the first operation, the patient presented with the same symptoms for which he had been operated on the first time. Brain MRI showed a recurrecnce. The patient underwent surgery. A total excision of the tumor. Post operative course was uneventful. At 1 year follow up , MRI showed no signs of tumor recurrence.

Conclusion :

Epidermoid cyst of the 4th ventricle is a rare benign tumor with a favorable prognosis. Total surgical excision is conditioned by the presence of a capsular portion more or less adherent to the floor of the V4.

P66- Extra-axial desmoplastic/nodular medulloblastoma in adult mimicking cerebellar metastasis

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Abstract :

Introduction and importance

Medulloblastoma is the most common malignant intra-axial brain tumor in pediatric patients. However it may also be found in adulthood. These tumors are classified into two groups according to its molecular characteristics and histological type. The desmoplastic/nodular subtype is the second common subtype after the classic one. Only 3 cases of desmoplastic/nodular extra-axial medulloblastoma have been previously reported in the literature originating from to the cerebellopontine angle.

Case presentation

The authors report a new case of an extra-axial desmoplastic/nodular cerebellar medulloblastoma originating outside the cerebellopontine angle and mimicking a solitary cerebellar metastasis in a 49-year-old female patient who presented for a raised intra cranial pressure and cerebellar syndrome.

Clinical Discussion

Medulloblastoma is a malignant embryonal intra-axial tumor of the cerebellum or posterior brain stem that occurs mainly in children. Medulloblastomas may also be found in adulthood. Desmoplastic/nodular medulloblastoma is the second most common type. The intra-axial form is always predominant. Only 3 cases of extra-axial desmoplastic/nodular medulloblastoma have been reported in the literature.

Conclusion

Although considered a common pediatric intra-axial tumor, there are increasing numbers of solitary cases reporting an extra-axial presentation in different locations of the posterior cerebral fossa even in adulthood.

P67- Extradural epidermoid cyst of the occipital bone

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Neurosurgery Departrement, National Institute of Neurology, Tunis.

Abstract :

Background

Intradural epidermoid cysts account for approximately 1% of all intracranial tumors and usually arise as slow-growing extra-axial lesions, which commonly occur in the cerebellopontine angle or the parasellar region. Supratentorial cerebral epidermoid cysts are relatively rare;.

Methods

We report the case of a 51-year-old man who presented with gait disturbances of recent onset over the past 2 weeks. Initial examination revealed a static and kinetic left cerebellar syndrome with horizontal nystagmus. MRIs howed an extra-axial supratentorial and subtentorial process with a broad base implanted in the left occipital bone, with diffusion restriction, without contrast after injection. The patient underwent surgery with macroscopically complete exeresis of a whitish avascular tumor that was easily detachable and non-invasive. Pathology revealed an epidermal cyst.

Results

Pathogenesis of epidermoids is neuroectodermal in origin. These tumors are thought to arise from ectodermal inclusions during neural tube closure in the third to fifth weeks of embryogenesis. Extradural epidermoid cysts account for 25% of all intracranial epidermoids and are located in the scalp, cranial vault or skull base.

Conclusions

Epidermoid tumors are benign, slow-growing lesions which account for 0.3-1.8% of all central nervous system neoplasms. Surgery is the most recommended treatment, with radical and multidisciplinary approach when possible.

P68- Extradural epidermoid cyst of the posterior fossa: A case report

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radiology

Abstract :

Background: Epidermoid cysts are benign, slow-growing tumors. They account for 0.2 to 1% of all intracranial tumors. The most common sites are the cerebellopontine angle and the middle cerebral fossa. Extradural epidermoid cysts in the posterior fossa are exceptional.

Methods: We report the case of a patient who underwent surgery for an epidermoid cyst of the posterior fossa, with extra dural development, in the neurosurgery department of the National Institute of Neurology, in March 2024.

Results: A 51-year-old patient consulted the emergency department for dizziness. Clinical examination revealed a static cerebellar syndrome. A cerebral CT scan showed a voluminous intracranial expansive process in the posterior fossa, compressing the 4th ventricle and causing triventricular hydrocephalus. An external ventricular shunt was inserted as an emergency measure. The patient subsequently underwent cerebral MRI that revealed an extra-axial expansive process implanted on the occipital bone. It has regular contours, heterogeneous signal with diffusion restriction and no enhancement after injection. Complete surgical excision of the tumor was performed. Intraoperative appearance was consistent with a pearly-white cystic formation. Anatomopatological study concluded that it was an epidermoid cyst.

Conclusion: Encephalic epidermal cysts are rare. It may adapt a locally aggressive behavior that may mimic a malignant tumor. The absence of enhancement on MRI should guide the diagnosis.

P69- Extradural Neurinoma

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Abstract :

BACKGROUND Spinal schwannomas are benign tumors accounting for 30% of all spinal tumors. They originate from the shwann cells of the spinal roots and can occur sporadically or as part of a neurofibromatosis type 2 (NF2). Classically, neurinomas develop in the subdural space, however, it is not uncommon to observe an extradural contingent by invasion of the dura mater. Purely extradural forms are exceptional.

METHODS We report the case of a 47-year-old male

RESULTS Our patient presented with low back pain associated with intermittent spinal cord claudication and vesicosphincter disorders. Examination reveals a paraparesis, pyramidal syndrome in the 2 lower limbs and a thermoalgic hypo-sensitivity of level D 12. MRI reveals an extra-axial lesion with a center at the left foraminal level of D9 with polylobed contours. The patient was operated with improvement of the motor deficit. Histological examination confirmed the diagnosis of benign neurinoma.

CONCLUSION Extradural schwannomas can be distinguished from other nerve tumors growing inside the spinal canal by their clinicoradiological features and unlikely nerve root origin.

P70- GANGLIOCYTOMA OF THE CEREBELLUM

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Abstract :

BACKGROUND Gangliocytomas are low-grade tumors of central nervous system, composed by well-differentiated neurons, that can arise in any location of the neuroaxis, showing predilection for supratentorial locations. It is a rare disease with a low incidence, and it is more common in children and young adults.

METHODS We report the case of a 28 year-old female who presented with a gangliocytoma of the cerebellum

RESULTS Our patient presented with headache, dyspraxia, equilibrium and gait disturbances. Diagnosis was made on surgical material after near total resection. She has been under routine follow-up for 3 years. On the last control, the brain MRI showed lesion stability.

CONCLUSION Gangliogliomas and gangliocytomas are rare and benign neuronal tumors which affect young subjects. Neuroradiology is not specific, and these tumors are usually diagnosed at pathology. However, the diagnosis may be considered in young patients with a history of old, drug-resistant partial epilepsy and having a contrast-enhanced, calcified cystic lesion in the temporal lobe or the cerebellum.

P71- Grade I Meningioma with aggressive extracranial extension: report of two cases and literature review.

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Abstract :

Meningiomas are common primary tumors of the central nervous system, but their extracranial extension is uncommon and often linked to osteolytic changesv in the skull.

This report presents two grade I meningiomas exhibiting extracranial extension and hyperostotic skull changes. The first case involved an 86-year-old man with a large mass on the right frontal scalp and left hemiparesis. Brain MRI and CT scans showed an intracranial mass with diffuse meningeal thickening, hyperostotic skull changes, and focal extension into the scalp. The second case was a 74-year-old patient who had undergone surgery in 2008 for a grade I fronto-parietal meningioma. He was readmitted 12 years later with progressive swelling at the surgical site, although his neurological examination remained normal. The patient underwent complete removal of both extracranial and intracranial tumors, followed by cranioplasty. Histopathological exam revealed a grade I meningioma for both cases.

This report examines these cases of grade I meningiomas with extracranial extension, diffuse intracranial growth, and hyperostotic changes in the skull.

P72- Hémangiome osseux de la voute crânienne : a propos d'un cas

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Abstract :

Introduction : L'hémangiome osseux est une lésion bénigne rare du crâne, souvent asymptomatique et découverte fortuite. Lorsqu'il affecte la voûte crânienne, il peut poser des défis diagnostiques et cliniques en raison de la complexité des symptômes et de la rareté de la condition.

Cas Clinique : Nous rapportons le cas d'une patiente de 64 ans, porteuse du syndrome de Widal, qui s'est présentée avec une tuméfaction pariétale gauche et une douleur localisée en regard. Les examens d'imagerie, y compris le scanner cérébral et l'IRM, ont révélé une lésion bien délimitée sur la voûte crânienne, suggérant un hémangiome osseux.

Gestion et Traitement : L'évolution de la lésion était, certes lentement progressive, mais vers une augmentation de taille. L'approche conservatrice n'était pas alors souhaitable. Une chirurgie était réalisée et l'exérèse de la lésion était totale. L'évolution était favorable et la patiente est actuellement prévue pour une cranioplastie

Discussion : Les hémangiomes osseux du crâne, bien que bénins, nécessitent une évaluation attentive pour exclure des pathologies plus graves et pour adapter le suivi en fonction de la symptomatologie et de l'évolution clinique. Les options de traitement varient en fonction de la taille de la lésion et des symptômes présents. La prise en charge conservatrice est souvent appropriée pour les lésions asymptomatiques ou stables.

Conclusion : Ce cas illustre l'importance d'une évaluation clinique et radiologique approfondie dans le

P73- Huge pediatric lymphoma with extra and intracranial extension

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Abstract :

Background :Primary non-Hodgkin's lymphoma (NHL) of the cranium with extra- and intracranial extension without systemic or skeletal manifestation in a non-immunocompromised patient is extremely rare. These lesions are most of the time misdiagnosed because they mimic other conditions like meningioma.

Methods: we report a case of 7 month year old girl operated on in our depatment of neurosurgery of sfax

Results: A 7 month year old girl presented with huge bulky scalp mass which on magnetic resonance imaging (MRI) brain showed involvement of scalp, cranial vault, meninges, and the brain parenchyma. After gross total resection, biopsy and CD marker study revealed primary non-Hodgkin's diffuse large B-cell lymphoma .

Conclusions: Malignant NHL should be considered in differential diagnosis of bulky scalp mass lesion

P74- Intracranial Chondrosarcoma

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Abstract :

BACKGROUND Chondrosarcomas are malignant mesenchymal tumours occurring only rarely in the bones of the cranium. Less than 5% of all chondrosarcomas are located in the head and neck area and their commonest location is the ethmoids and the sphenoid sinus. They are slow-growing tumours with low malignancy rate and unclear histopathogenesis. Surgery is the treatment of choice, while radiotherapy has an adjunctive role. Chemotherapy is not effective.

METHODS We report the case of a 28 year old male who was taking care of in the national institute of neurology Mongi Ben Hamida in Tunis.

RESULTS Our patient suffered from diplopia and V2 neuralgia. The neurological examination was without abnormalities. MRI showed an expansive process of the left cerebellopontine angle, invading the left cavernous sinus, with osteolysis of the greater wing of the sphenoid, the foramen ovale, the petrous apex and the walls of the left carotid canal. The patient was operated on via a left retro sigmoid approach, with a large biopsy. The lesion was greyish yellow, gelatinous, with little bleeding. The anatomopathological examination concluded to a well differentiated chondrosarcoma grade I. The patient was reffered to an adjuvant radiotherapy.

CONCLUSION Primary SBCs are rare and debilitating neoplasms that often require complex and multidisciplinary treatment planning. Surgical debulking and adjuvant radiotherapy protocols show favorable rates of symptomatic improvement and local tumor control.

P75- Intracranial rosai dorfmann disease

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National Institut of neurology Tunis

Abstract :

Introduction :

Rosai dorfmann or sinus histiocytosis with massive lymphadenopathy is a rare idiopathic pathology.it affects mainly young men.it is involved in less than 5% of cases .

Case report:

Here we report the case of 62 year old women presented with headache and left exhophtalmos.neurological examination showed less of visual acuity .biological results showed elevated erythrocyte sedimentation rate .MRI reveals an extraaxial lesion mimming a meningioma .the patient was operated with partial excision of the temporal part of the tumor .anatomopathology suggests a rosai dorfmann disease .the patient recovered well.

Conclusion:

the rosai dorfmann is a clinicopathological entity wich affect skin, orbit ,nasal cavity and bone .clinical manifestations are not specific and depend on location ,number and size of lesions .treatment remains controversial without specific protocols .surgery seems to be the most effective treatment .steroid treatment chemotherapy and radiotherapy can be proposed.prognosis is usually favourable

P76- Late-Onset Invasive Occipital Plexiform Neurofibroma Unrelated to Neurofibromatosis Type 1: A Case Report

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Abstract :

background:

Cutaneous plexiform neurofibromas are benign tumors that can become aggressive and are typically associated with neurofibromatosis type 1 (NF1). They affect nearly all individuals with NF1, a common genetic disorder characterized by the presence of multiple neurofibromas and often diagnosed in childhood. When occurring outside of this context, plexiform neurofibromas are rarer and may indicate an isolated case or a different, less common syndrome.

This case highlights a rare instance of occipital plexiform neurofibroma occurring in the absence of any evidence of Von Recklinghausen's neurofibromatosis.

Case report :

A 21-year-old male presented with an occipital tumefaction, which had gradually enlarged over several years to a giant size, giving the appearance of a "double head." There were no signs or family history of similar condition suggesting neurofibromatosis type 1. The tumor was removed through total excision. The feeding arteries originating from the occipital artery , in the dense connective tissue above the aponeurosis were identified and either ligated or cauterized. Dissection was performed in the loose areolar tissue while preserving the periosteal layer. Histopathological examination revealed a plexiform cutaneous neurofibroma without malignant transformation, and a 5-year follow-up showed no recurrence of the tumor.

Conclusion :

The occipital plexiform neurofibroma is a rare entity that can be either sporadic or associated with a context of NF1

P77- Management of neurosurgical emergencies during pregnancy

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Abstract :

Introduction : Managing neurosurgical conditions during pregnancy is challenging and requires a coordinated team of neurosurgeons, anesthesiologists, and obstetricians to ensure the safety of both mother and baby. This study presents three cases of pregnant women needing urgent neurosurgical intervention for different issues

Case Presentation:

Case 1 : A 30-year-old, 37 weeks pregnant patient presented with headaches, vertigo, and vomiting. Neurological exam revealed cerebellar syndrome, and MRI showed a posterior fossa tumor. She had an emergency cesarean section followed by tumor resection. Postoperatively, hydrocephalus developed and was managed with a ventriculoperitoneal shunt.

Case 2 : A 35-year-old, 38 weeks pregnant patient presented with intracranial hypertension, stage III papilledema, facial paralysis, and left hearing loss. MRI revealed a cerebellopontine angle, meningioma. She had an emergency cesarean section, followed by tumor resection via a retrosigmoid approach on postpartum day 1. Postoperatively ,residual facial paralysis was improving after rehabilitation

Case 3: A 25-year-old woman, 26 weeks pregnant, presented with intracranial hypertension.MRI revealed a triventricualr hydrocephalus . Initially, she was managed with ventriculoperitoneal shunt.

Conclusion:

Pregnancy complicates neurosurgical interventions. Early intervention is sometimes crucial, while benign tumors responsive to treatment may allow for management of the pregnancy until term before surgery

P78- Medulloblastoma in childrens tips and tricks.

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Annaba neurosurgery departement.

Abstract :

Introduction: Medulloblastoma is a malignant neuroectodermal tumor more common in children. We collected 21 children with medulloblastoma who were operated on and followed at the neurosurgery department at Ibn Rochd Annaba Hospital over a period of three years.

Material and Methods:

All our patients underwent CT and brain MRI in order to diagnose a tumor of the posterior cerebral fossa and to overcome the urgency of reestablishing the CSF flow pathways where 17 children had Hydrocephalus.

Tumor excision was complete in 17 patients, The histological examination came back in favor of a classic Medulloblastoma in the majority of cases,

During three years of follow-up, 11 children died following tumor recurrence with suprasupratentorial metastasis, eight of them had total resection of the tumor.

Discussion:

Patients with medulloblastoma are classified either into a standard risk group or a high risk group, this classification is based on age, the size of the tumor remnant, the presence of metastases and recently another crucial criterion has been added: is the molecular subgroup of Medulloblastoma which is an important parameter in this classification .

Conclusion:

The management of medulloblastoma is multidisciplinary; surgery, even if it represents the cornerstone of the treatment of this tumor, must be followed without exceeding the time limits for radiotherapy and chemotherapy.

P79- Meningioma unveiling metastatic lung cancer : Case report and literature review

Wièm Mansour, Ghassen Gader, Mohamed Ali Kharrat, Houssem Hdhili, Aziz Bedioui, Skander Guediche, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsen Zammel
Department of Neurosurgery- Trauma and Burns Center , Ben Arous - Tunisia

Abstract :

Introduction:

Extraaxial central nervous system lesions are often linked to benign conditions like meningiomas or schwannomas, which tend to grow slowly and follow a predictable clinical course. However, in rare cases, imaging may show an extraaxial mass with characteristic features, leading to a presumptive diagnosis of meningioma while overlooking the potential for a more serious underlying pathology.

Case Report:

We present the case of a 52-year-old female, with no medical background who initially presented with intracranial hypertension syndrome along with focal seizures evolving since 4 months. Radiological investigations confirmed the presence of a left parasagittal meningioma. The patient underwent surgery, surgical resection was performed. Histopathological analysis unexpectedly revealed the presence of metastatic lung adenocarcinoma within the meningioma. Further investigation confirmed the lung as the primary site of the adenocarcinoma. The patient was subsequently referred for oncological management.

Conclusions:

This case emphasizes the need to consider atypical diagnoses, even when imaging strongly suggests a benign lesion such as a meningioma. The surprising identification of metastatic lung adenocarcinoma within the meningioma highlights the importance of comprehensive histopathological analysis and maintaining a high level of suspicion for hidden malignancies, especially in patients with no prior medical history.

P80- Multiple primary central nervous system lymphoma: A case report

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Abstract :

Background:

Brain lymphoma, also known as Primary Central Nervous System Lymphoma (PCNSL), is a rare, malignant and highly aggressive non-Hodgkin lymphoma that can invade the brain, spinal cord, eye, leptomeninges, or cranial nerves. PCNSL usually presents as a solitary lesion. The incidence of PCNSL is rising in both immunocompromised and immunocompetent patients.

Methods:

We present a case of PCNSL presenting as multiple cerebral lesions in an immunocompetent patient

Results:

A 42-year-old man presented to our hospital with a 1 month history of dizziness, headaches, vomiting, and gait imbalance. Contrast-enhanced computed tomography revealed two intensely enhancing masses in the brainstem and the left parietal cerebral lobe with hydrocephalus. Whole-body computed tomography was normal. The patient underwent left parietal craniotomy with total resection of the tumor and external ventricular shunt insertion. Histopathology revealed diffuse large B-cell lymphoma. The patient died 1 month after surgery, and the course of disease was about 70 days.

Conclusions:

PCNSL is a rare disease with atypical diagnosis and management. To facilitate early clinical treatment and improve the long-term survival of patients, it is necessary to master the imaging diagnostic methods and its features.

P81- Neurobrucellosis : A case report and a review of the litterature

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Abstract :

Neurobrucellosis is a rare entity, affecting 1.7 to 10% of patients affcted by brucellosis. The neurological complications of Brucellosis are even rarer in the paediatric population, affecting 0.8% of children with brucellosis. We report the case of a 14-year-old patient who presented with communicating hydrocephalus secondary to neurobrucellosis confirmed by bacteriological investigations.The patient underwent emergency CSF shunting on the day of of his admission, with relief of his symptoms. Following confirmation of Brucellian infection, antibiotic therapy based onDoxycycline, ciprofloxacin and rifampicin was started, with a good clinical and biological outcome.

P82- Orbital Cavernomas: A Case Series of Five Patients with Surgical Outcomes

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burns and trauma center of ben arous

Abstract :

background:

Cavernous angiomas (CAs), also known as cavernous hemangiomas or orbital cavernomas, are rare tumors. They account for only 55.3% of all primary and secondary orbital tumors. However they represent the most common category of primary benign tumors in this location. They can invade infraorbital or adjacent structures, thereby being classified as 'anatomically' malignant.

Methods :

We report a Serie of 5 patients that were all managed surgically in the center burns of traumatology of ben arous between 2019 and 2024

Results :

The average age of our study population was 40 years, with a marked predominance of females. The primary complaint was a unilateral decrease in visual acuity. Neurological examination consistently revealed exophthalmos in all patients (100%) and ophthalmoplegia in 50% of them with fundoscopic abnormalities . All patients underwent cerebro-orbital MRI, which showed that the lesions were all small, with a maximum size of 2 cm. Surgical intervention was performed using a subfrontal approach. The early postoperative course was uncomplicated, with no significant issues. However, 2 patients experienced recurrence of the lesion after an average of 3 years.

Conclusion :

Cavernous hemangiomas are the most commonly encountered primary tumors in the orbital region, typically presenting in adults. Diagnostic characteristics frequently include bulbar protrusion . MRI is the primary diagnostic tool. surgical removal is the best therapeutic alternative, pa

P83- Orbital Cylindroma: Report of Two Cases

Eya Chahed, Fatma Ben Atig,,Khalil Ghedira, Sofiene Bouali, Jallel Kallel
National Institute of Neurology

Abstract :

Orbital cylindroma, also known as adenoid cystic carcinoma when it occurs in the orbit, is a rare and typically aggressive tumor that originates in the glandular tissues, such as the lacrimal glands in the orbit. This type of tumor is more commonly found in the salivary glands but can also manifest in the orbital region.We report 2 cases of orbital cylindroma operated on in our department. The first case is a 68-year-old woman who underwent surgery in 2017 with incomplete resection. She subsequently received radiotherapy. Currently, 8 years post-operatively, she presents with a tumor recurrence with bilateralization of the lesion. The second case is a 22-year-old man who initially underwent a subconjunctival biopsy before undergoing an almost complete resection, leaving a residual tumor near the lateral muscle. This type of tumor is often aggressive with a high likelihood of local recurrence and potential for perineural invasion, which means it can spread along nerves. Treatment often involves a combination of surgery to remove the tumor and radiation therapy. Complete surgical resection is challenging due to the tumor's tendency to infiltrate nearby structures. The prognosis for orbital cylindroma is guarded due to its aggressive nature, although early detection and comprehensive treatment can improve outcomes.

P84- Paraganglioma In The Frontal Skull Base

Myriam Naceur, A.Slimane , S. Farhat , A.Belhadj, K.Ghedira, S.Bouali, A.Bouhoula, K.Abderahmen, I.Ben Said, J.Kallel
Institut Of Neurology Of Tunis

Abstract :

Background The paraganglioma is a typically benign neuroendocrine tumour derived from extra-adrenal paraganglia of neural crest origin. Its occurrence in the paraganglia-free central nervous system is uncommon and it's orbital location is extremely rare.

Methods We report the case of a 29-year old woman.

Results Our patient was treated for a recurrent retroperitoneal paraganglioma with vertebral bone metastases, having received concomitant radiochemotherapy without obtaining control of the disease. The patient presented with headache with decreased visual acuity on the left eye, rapidly progressing to total left exophthalmos. On examination, we found a left exophthalmos with paraplegia and a pyramidal syndrome of both lower limbs.

MRI demonstrated a large fronto-orbital process, which resulted in a downward globe displacement. The tumor displayed a typical ''salt and pepper'' appearance. The patient had an incomplete removal of the tumour due to the very haemorrhagic character. We performed a cauterization contributing to the almost total devascularisation of 90% of the tumour. The patient had two other surgeries with an incomplete removal of the tumor due to the very haemorrhagic character. The anatomophatological study concluded to a paraganglioma.The patient was subsequently lost to follow-up.

Conclusion Orbital paraganglioma is an extremely rare benign tumor. The salt-and-pepper appearance as observed with MRI scan represents a salient characteristic of this condition.

P85- Pediatric Glioblastoma: A Rare and Complex Battle

Farah Bahri, Ghassen Gader, Wiem Mansour, Houssem Hdhili, Aziz Bedioui, Skander Guediche, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsèn Zammel
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Abstract :

Introduction: Paediatric glioblastoma is a rare and highly aggressive brain tumor, accounting for around 3% of all pediatric brain tumours. Out of its various subtypes, diffuse hemispheric gliomas with H3 G34 mutation are proving difficult to treat. They develop in the cerebral hemispheres, often at the midline, and is characterised by diffuse infiltration over a large part of the hemisphere making complete surgical resection difficult.

Case report: We report the case of a 26-month-old patient who presented for left focal seizures and vomiting since 3 months. Physical exam found a left hemiparesis. Brain MRI showed a well-circumscribed heterogeneously enhancing lesion of the right parietotemporal lobe, containing calcifications. The child underwent surgery. Peroperative, the lesion was hemorrhagic with adherences to the right sylvian artery, leading to an incomplete. Post-operative course was uneventful. The patient sustained residual left hemiparesis. Histopathological exam concluded to a diffuse hemispheric glioma with an H3 G34 mutation. She was referred to chemotherapy.

Conclusions : Peadiatric diffuse hemispheric glioma with an H3 G34 mutation represents an aggressive brain tumor subtype. The case emphasizes the need for targeted treatments. Molecular mechanisms by which these histone mutations contribute to tumorigenesis remain to be elucidated. Until then, a multidisciplinary approach remains crucial in managing the challenges related to pediatric glioblastomas.

P86- PERIORBITAL LANGERHANS CELL HISTIOCYTOSIS : A CASE STUDY

Nesrine Nessib, M.Naceur, K.Ghedira, A.Nessib, A.Slimane, A.Belhaj, S.Bouali, J.Kallel
Institute of neurology of Mongi Ben hamida

Abstract :

BACKGROUND Langerhans cell histiocytosis (LCH) is an inflammatory myeloid clonal disease primarily affecting children. It can involve a single system or various tissues and systems.The intra-orbital localization of LCH remains significant due to the complexity of clinical manifestations, potential for dissemination, including involvement of the central nervous system, and the challenges in management, given that treatment of LCH is risk-adapted.

METHODS This study is a case report of a child followed for Periorbital Langerhans cell Histiocytosis.

RESULTS We report the case of an 8-year-old girl who presented with dental pain, swelling of the left suborbital region, with fever. Examination revealed periorbital swelling, with no observed decrease in visual acuity or impairment in ocular motility. Imaging revealed orbital and lateral periorbital abscessed osteitis. Bacteriological examination was negative. Histopathological examination and immunohistochemical study confirmed a diagnosis of Langerhans cell histiocytosis with single-system (bone) disease and a single location in the left orbit.

CONCLUSION The clinical and radiological presentation of orbital LCH involvement remains non-specific, underscoring the importance of collaboration among different specialists to prevent diagnostic delays and evaluate the risk of dissemination and CNS involvement.

P87- Pituitary metastasis of prostate cancer presenting as macroadenoma

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Abstract :

A 55-year-old man presented with dipolpia and headaches. Neuroimaging showed a pituitary lesion. There was evidence of rapid enlargement on interval scans, invasion of the cavernous sinus and displacement of the pituitary stalk. He subsequently developed anterior hypopituitarism. This was thought to be an aggressive pituitary macroadenoma but histology post-trans-sphenoidal surgery surprisingly showed metastasis from an undiagnosed prostate primary. His prostate specific antigen was raised and MRI pelvis confirmed locally advanced prostate cancer.

P88- Primary Central Nervous System Lymphoma Mimicking Cerebral Abscess in an Immunocompetent Patient: A Case Report and Literature Review

Wiem Mansour, Ghassen Gader, Meissa Hamza, Kerima Belhadj Ali, Aziz Bedioui, Skander Guediche, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsèn Zammel
Department of Neurosurgery, Trauma and Burns Center, Ben Arous, Tunisia

Abstract :

Introduction: Primary central nervous system lymphomas (PCNSL) are rare neoplasms, representing about 4% of primary intracranial tumors. They are more frequently reported in immunocompromised individuals. Symptoms can vary depending on the lesion's location and may include cognitive decline, signs of increased intracranial pressure, or focal neurological symptoms.

Case Report: A 69-year-old man, presented due to a subacute onset of intracranial hypertension, associated to a focal epileptic seizure. Physical exam showed a fully conscious patient, presenting neither sensory nor motor deficits. He had a slight fever at 38°C. Laboratory tests showed no abnormalities. Brain MRI showed a right parietal lesion with a rim enhancement following gadolinium injection. Diffusion sequences showed a diffuse hyperintensity. Given the clinical and radiological features, a cerebral abscess was initially suspected. The patient underwent surgery. Peroperative, a soft, whitish lesion was removed "on-bloc". Histopathological examination concluded to a large B-cell lymphoma. The patient was referred to hematology for adjuvant treatment.

Conclusions:

This case underscores the importance of considering primary central nervous system lymphoma in the differential diagnosis of brain lesions, even in immunocompetent patients. Clinical and radiological presentation of PCNSL can closely mimic that of a cerebral abscess, leading to potential diagnostic delays.

P89- Primary squamous cell carcinoma of the frontal sinus: a case report

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Abstract :

Background

Primary squamous cell carcinoma of the frontal sinus is a rare entity, accounting for less than 1% of paranasal sinus tumors. The diagnosis is typically difficult and delayed, often made at the stage of intracranial extension. Differential diagnosis primarily involves mucoceles and pyoceles.

Case report :

We report a case of primary squamous cell carcinoma of the frontal sinus with significant intracranial extension. The patient, a 70-year-old with no notable medical history, presented with a left frontal swelling above the eyelid that had progressed over 2 months, accompanied by purulent rhinorrhea and fever. Initial treatment in the ENT department included intravenous broad-spectrum antibiotics for 21 days, leading to favorable evolution. Neurological examination revealed bilateral anosmia. Craniofacial imaging (MRI and CT) showed a large tumor centered on the left frontal sinus with frontal-polar left and right frontal sinus extension, involving destruction of the orbital roof and left ethmoid. The patient underwent surgery via a subfrontal approach, with complete resection of the left ethmoido-fronto-orbital tumor, cranialization of the frontal sinuses, and reconstruction of the anterior cranial base. At 6 months postoperative, imaging showed no residual tumor, and adjuvant radiotherapy was recommended.

Conclusion :

Squamous cell carcinoma of the frontal sinus is a rare and aggressive tumor with a slow progression. Craniofacial imaging is crucial at all stages

P90- Pseudo-Tumoral Aspergillosis of the Temporal Fossa Mimicking a Cavernous Sinus Tumor: A Case Report

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National Institut of neurology Tunis

Abstract :

Introduction: Intracranial aspergillosis, a rare complication of nasosinusoidal aspergillosis, often presents with a pseudo-tumoral appearance, complicating diagnosis and leading to neurosurgical intervention for confirmation. Early diagnosis and treatment are crucial due to its invasive nature.

Observation: A 56-year-old patient with no significant medical history presented with left V2 trigeminal neuralgia for 1 year and horizontal diplopia for 4 months. Clinical examination revealed left exophthalmos, ophthalmoplegia, and V2 hyperesthesia. Brain CT showed a poorly defined mass in the left temporal fossa, extending to the sphenoid sinus and infiltrating Meckel's cave and the cavernous sinus. A wide surgical biopsy was performed with uncomplicated recovery. Histopathology revealed fibro-hyaline tissue with inflammatory response and aspergillus filaments, confirming pseudo-tumoral aspergillosis. The patient was referred to infectious disease management.

Conclusion: Diagnosing intracranial aspergillosis is challenging. Radiological and clinical clues, combined with histopathological confirmation, are essential for accurate diagnosis and prompt treatment to avoid severe complications.

P91- Rosai Dorfman Disease mimcking a metastasis

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Institute of neurology of Mongi Ben hamida

Abstract :

BACKGROUND Extranodal sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman disease) is a non-neoplastic condition that has rarely been reported to involve the central nervous system.

METHODS We present the case of a 57-year-old female which have been taken care of in the neurosurgery department of the institute of neurology

RESULTS Our patient underwent surgery for breast cancer 10 years ago, with a right mastectomy followed by hormone therapy, but without radiotherapy. The patient has been regularly monitored in the oncology department since then and is in remission. She consulted due to a swelling on the left parietal scalp, which has gradually increased in size over the past year. On examination, a hard, fixed, and painful swelling was found upon palpation, without any inflammatory signs in the surrounding area. MRI revealed a lesion displacing the meningeal structures and causing bone lysis in the affected area. The patient underwent surgery with a complete excision and cranioplasty. The postoperative course was uneventful. Histopathological and immunohistochemical examination concluded a diagnosis of Rosai-Dorfman disease.

CONCLUSION Neurological RDD can mimic a wide range of tumor and tumor-like conditions. The high rate of misdiagnosis might be avoided by greater awareness of this rare disease among pathologists and surgeons.

P92- Solitary hemorrhagic brain metastasis mimicking cavernous malformation : A case report and diagnostic considerations

Houssem Hdhili, Skander Guediche, Wiem Mansour, Emna Mzoughi, Aziz Bedioui, Ghassen Gader, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsèn Zammel
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Abstract :

Introduction: Hemorrhagic brain metastases can arise from a variety of cancers. Lung cancer remains the most common source of hemorrhagic metastases, often presenting as multiple lesions.

Case report: We report the case of a 64-year-old man with a history of arterial hypertension and diabetes, who presented to the emergency department with the sudden-onset of an intracranial hypertension syndrome. Brain MRI revealed a well-defined, non-enhancing intra-axial vermian lesion. The lesion was hyperintense both on T1 and T2-WI and was hypointense on T2*-WI, initially suggestive of a cavernous hemangioma. Follow-up MRI confirmed the diagnosis with the characteristic "mulberry" appearance on T2-WI, and persistent hemorrhage. Due to ongoing symptoms, surgical resection was performed. Histopathological examination concluded to a bronchogenic carcinoma. A subsequent thoracoabdominal CT scan confirmed the presence of a pulmonary mass. The patient was referred to pulmonology.

Conclusion: This case highlights the importance of considering hemorrhagic metastasis in the differential diagnosis of solitary intracerebral hemorrhage, especially when the location is atypical. We advise careful interpretation of initial findings that suggest cavernous malformation and recommend a follow-up MRI within 90 days to track lesion progression.

P93- Spindle cell oncocytoma of the pituitary gland: a case report and revue of the literature

Myriam Naceur, N.Nessib , A.Belhadj, A.Slimane, K.Ghedira, S.Bouali, A. Bouhoula, K.Abderahmane , J.Kallel
Institut Of Neurology Of Tunis

Abstract :

Background: Spindle cell oncocytoma (SCO) of the pituitary gland is an extremely rare nonfunctional World Health Organization grade I tumor. SCOs are often misdiagnosed as nonfunctional pituitary adenomas on the basis of preoperative imaging. They are often hypervascular and locally adherent, which increases hemorrhage risk and limits resection, leading to increased risk of recurrence. method:The authors report a case of SCO treated at their institution and provide a review of the current literature.

Result: SCO of the pituitary gland can be a rare cause of progressively growing pituitary tumors that presents similarly to nonfunctional pituitary adenoma. Our patient was a 52-year-old female presenting with decreased visual acuity and headache. Cranial magnetic resonance imaging (MRI) revealed a suprasellar mass with marked homogeneous enhancement Endoscopic transsphenoidal resection of the tumor by a multidisciplinary team allowed total resection despite local adherence of the tumor. The tumors were pathologically diagnosed as SCO.Postoperatively, the patient's visual symptoms improved with persistence of secondary adrenal insufficiency and secondary hypothyroidism. No recurrence occurred during the follow-up period of 15-21 months.

Conclusion: Careful resection is needed due to SCO's characteristic hypervascularity and strong adherence to minimize local structure damage. Long-term follow-up is recommended due to the tendency for recurrence.

P94- The diagnostic mystery of multiple brain masses

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Abstract :

Introduction : Multiple cerebral gliomas are rare tumors and multicentric ones, involving the supratentorial and infratentorial regions are even more scarce. Glioblastoma is the most frequent histologic variant, followed by anaplastic astrocytoma. Since metastasis from extracranial primary tumors are the most common diagnosis associated with multiple brain masses, these patients are often misdiagnosed.

Case report: We present the case of a 52-year-old man with no significant medical background, who presented for the onset over the past month of headache and gait disturbances. Neurological examination revealed right hemiparesis and left homonymous hemianopia. Brain MRI identified multiple subcortical lesions affecting both hemispheres and the infratentorial region, with a spectroscopic profile suggestive of metastatic disease. To further investigate, a body scan and a PET scan were performed, both of which showed no abnormalities. Confronted with this diagnostic deadlock, we proceeded with a stereotactic biopsy of the largest lesion. Histopathological examination revealed an anaplastic astrocytoma and the patient was adressed for radiotherapy.

Conclusion : This case highlights the diagnostic challenge posed by multiple cerebral lesions, particularly when they present as multicentric ones. Despite initial imaging suggesting metastatic disease, the absence of extracranial abnormalities underscores the importance of considering primary brain tumors in differential diagnoses.

P95- The dilema of medulloblastoma resection quality

Sandra Feknous, M.Benamira- N.Guarri - Abdelghana.O - T.Oudina - M.bouaziz
Annaba neurosurgery departement.

Abstract :

Introduction :

Medulloblastoma is a malignant tumor classified grade IV according to the WHO with a great power of dissemination via the cerebrospinal fluid

Materials and methods:

In a three-year study carried out on 21 children operated on for medulloblastoma at Annaba University Hospital and during their follow-up, 11 children relapsed at different periods ranging from 45 days to 02 years and six months post-operative.

MRI revealed supra tentorial dissemination, associated or not with a spinal cord location and at the surgical site.

Two of them benefited from second-look surgery because the relapse was localized at the primary site.

Among these children who relapsed, 8 of them benefited from a total resection, one patient from a near total resection with residual tumors 10mm and two children from partial resection.

Discussion :

Risk stratification of children with medulloblastoma is based on several parameters including the age of the child, the presence of metastases, the size of the residual tumor greater or less than 1.5cm and on the molecular subgroup which respond differently to chemotherapy.

According to studies, a remainder of more than 1.5 cm is a poor prognosis factor and would expose the child to high doses of chemotherapy and radiotherapy because he will belong to the high risk group.

Conclusion :

The prognosis of medulloblastoma depends on several parameters but especially on the genetic nature of its cell.

P96- Tumor-like multiple sclerosis: a case report

Kerima Belhajali, G. Gader (Ghassen Gader)

F.Bahri, M.Naceur, S.Guediche, M.Zouaghi, M.Rkhami, M.Badri, K.Bahri, I.Zammel

Centre de traumatologie et des grands brulés de Ben Arous

Abstract :

Multiple sclerosis is a chronic demyelinating disease of the central nervous system. Tumor-like manifestation of multiple sclerosis is one of the rare clinical variants and is frequently source of misdiagnosis.

We report the case of a 45-year-old man with no medical background, who presented bilateral visual deficits who have spontaneoustly regressed . Two months later the patient consulted with right leg motor deficit, headache and bilateral papilledema. CT scan was performed and showed a hypodense lesion in the left semicentral ovale with ring enhancement surrounding with cerebral edema. Brain biopsy was inconclusive. The patient dramatically improved with high dose steroid. A year later, he developed a gait disorder with heaviness in the lower limbs, visual blurrind and bilateral loss of visual acuity. Brain and spinal cord MRI was performed ans showed multiple lesions hyperintense signal (T2 and FLAIR) in periventricular, corpus callosum, cervical cord and brainstem. Visual evoked potentials demonstrated bilateral retrobulbar optic neuropathy .These findings were compatible with an unusual form of multiple sclerosis.

Tumefactive MS is a rare variant of multiple sclerosis that poses a diagnostic and a therapeutic challenge due to its close resemblance to central nervous neoplasms on MRI. It is important to recognize demyelinating disease in the differential diagnosis of a tumor-like brain lesion, in order to avoid unnecessary biopsies.

P97- Uncommon Occurrence of Ewing Sarcoma in the Brain

Fatma Ben atig, Slimane Abdelhafidh,Bourgou Malek ,Belhaj Ala, ben said Imed kallel jalel
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Abstract :

Background :

Ewing's sarcoma is indeed a rare malignant tumor, commonly seen in young individuals and typically located in long bones, the pelvis, and ribs. Cranial vault involvement is exceptional, representing less than 1% of cases.

Case report

In the case we present, a diagnosis of Ewing's sarcoma was made in an 8-year-old child with no significant medical history, who presented with persistent headaches and vomiting. The eye exam revealed bilateral papilledema stage III.

CT imaging showed an osteolytic lesion in the left frontal region of the cranial vault, with intracranial extension and soft tissue invasion, which required surgical intervention. Complete resection of the tumor was performed with reconstruction of the frontal bone using Palacos cement. Postoperative chemotherapy was administered, and the patient showed no recurrence or metastases at 18 months, which is a positive indicator of prognosis following early diagnosis and appropriate management.

Conclusion :

Ewing's sarcoma, though rare, is a small round cell tumor belonging to the family of neuroectodermal tumors. Its treatment typically involves a combination of surgical resection, chemotherapy, and radiation therapy, all aimed at ensuring the best possible prognosis. Long-term follow-up is crucial to monitor for potential recurrences or metastases.

P98- Uncommon Presentation of Orbital Schwannoma: A Case Report and Review of Surgical Management

Malek Bourgou, Ben Atig Fatma ,slimane abdelhfidh ,belhaj ala, ghedira khalil, kallel jalel
National Institut of neurology Tunis

Abstract :

Introduction :

Orbital schwannomas, accounts for 1-5% of all intra-orbital tumors. Schwannomas commonly arise from sensory nerves within the orbit, notably the supra-orbital and supra-trochlear branches of the frontal nerves, with involvement of infra-orbital, nasociliary, or lacrimal nerves possible. Rarely, they originate from oculomotor nerves.

Case report:

This case report involves a 44-year-old patient with painless, gradually developing left eye exophthalmia over 10 years, without affecting visual acuity. Orbito-cerebral MRI showed an intra-orbital and intra-conic tumor suspicious of cavernous angioma.

The patient was operated with gross total resection. Histopathological exam diagnosed a schwannoma.

Conclusion:

Orbital schwannoma typically is isolated occurrence, with a possible association with a neurofibromatosis type II. Surgical gross total excision is the primary treatment, offering complete recovery recurrence free.

P99- Unusual epidural extension of a glioblastoma

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Fattouma Bourguiba University Hospital

Abstract :

It is extremely rare for a glioblastoma to mainly have epidural extension and invasion of the dura. The present paper reports such a rare case.

The patient was a 68-year-old male. After the onset of headache, computed tomography (CT) examination revealed a lesion on the frontal region that was mainly epidural with intra cranial extension. During the first surgery, the extradural lesion was miming a meningioma; therefore, it was misdiagnosed, and pathological diagnosis of the lesion was a meningioma, so the best diagnosis and treatment opportunity were missed. One month later, a relapse of the disease occurred, with a symptom of intracranial hypertension. Imaging examination revealed extensive intradural growth of the lesion along the frontal lobe. The second surgery could completely remove the lesion, and pathological diagnosis of the lesion was a glioblastoma. The treatment was assisted with radiotherapy and chemotherapy, the tumor was controlled effectively, and the patient did well after six months.

We report this case to improve our understanding in cases of glioblastoma invasion of the dura so that we can make timely, accurate diagnoses.

P100- What if it was not just a simple psychosis?

Nesrine Nessib, M. Naceur, S. Bouali, A. Belhaj, K. Ghedira, M.Jamoussi, H.Klaa, H.Benrhouma, L.Kraoua, K. Abderrahmen, J.Kallel

Neurosurgery - Neurology : Institute of Neurology Mongi Ben Hamida

Abstract :

BACKGOUND Leukoencephalopathy with intracranial calcifications and cysts (LCC), also known as Labrune syndrome, is a rare disease. It is a rare hereditary cerebral microangiopathy characterized by a triad of signs including diffuse and asymmetrical leukoencephalopathy, extensive calcifications, and parenchymal brain cysts, in the absence of extraneurological lesions. Identification of a compound heterozygous mutation in SNORD118 could aid in the diagnosis.

METHODS We report the case of a 17-year-old girl who was misdiagnosed and followed in psychiatry for 3 years, but was later found to have LCC.

RESULTS At the age of 14, the patient experienced a decline in academic performance and progressively worsening behavioral disorders. She then began follow-up in child psychiatry. After 3 years, she had a generalized tonic-clonic seizure, a syndrome of increased intracranial pressure, as well as visual and auditory hallucinations. Examination revealed psychomotor slowing and a quadripyramidal syndrome. The electroencephalogram indicated asymmetrical interictal abnormalities. Imaging revealed multiple bihemispheric intra-axial calcified lesions with mass effect. The patient was started on corticosteroid therapy and antiepileptic treatment, with good progress.

CONCLUSION The diagnosis of LCC should be considered in cases of white matter lesions associated with cysts and cerebral calcifications. LCC should also be suspected when a cystic parasitosis is suspected .

P101- A case report of unexpected sellar lesion

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Neurosurgery Departrement, National Institute of Neurology, Tunis.

Abstract :

Background

Gliomas that originate from the sellar region are extremely rare. From the literature review, only six cases of sellar and suprasellar GBM have been reported.

Methods

a 58-year-old woman, hypertensive. she consulted for memory problems and headaches which had lasted for 3 months.. On admission, the patient was conscious, with no motor deficit with a significant drop in visual acuity on ophthalmological examination. MRIc showed an aggressive lesion in the sellar and suprasellar region, infiltrating surrounding structures. The patient underwent frontopterional surgery with macroscopically incomplete removal of the lesion. The anapathic study confirmed the diagnosis of glioblastoma.

Results

Many diseases can arise from or involve the sellar region, with a majority of them from hypophysis, both neoplastic or not. GBMs of the sella turcica are rare. Until 2024 only six cases of sellar and suprasellar GBM have been reported. Sellar gliomas have similar clinical presentations and images compared with craniopharyngiomas. Since the sella turcica region is characterized by complex anatomical structures, the efficacy of surgical resection in the region is poorer than that for other locations

Conclusions

Gliomas in the sellar turcica regions are rare. Although they are generally believed to consist of the optic pathway pilocytic astrocytomas that affect younger patients, they may also involve various types of pathologies, potentially derived from suprasella or intrasella.

P102- Meningiomatosis after radiotherapy for atypical meningioma

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Neurosurgery Departrement, National Institute of Neurology, Tunis.

Abstract :

Background

Radiation-induced meningioma, is one of the important late effects after cranial radiation therapy. In this report, we analyzed a case of secondary meningioma after cranial irradiation

Methods

We report the case of a 50-year-old patient with no notable pathological history who underwent surgery for a right frontal meningioma in 2005, with an atypical meningioma grade 2 on anapath. the course was marked by a recurrence in 2008, for which he underwent a second operation and raditherapy at a dose of 60 Gy. 8 years later, the patient came back for a profound alteration in general condition. A follow-up MRI showed a tumour flare-up and the presence of meningiomatosis with extension to both cavernous sinuses, the parietal bone and significant extension to the subtentorial space, compressing the brain stem.

Results

Tumor formation induced by radiation therapy was first demonstrated by Lacassagne on an animal model in 1933.This report confirms that patients exposed to cranial irradiation are at lifelong risk of developing radiation-induced tumours such as meningiomas. Hence these patients require long-term clinical and radiological surveillance to detect occurrence as early as possible.

Conclusions

Long-term follow-up is necessary to minimize the morbidity and mortality caused by secondary meningioma after cranial irradiation.

P103- SKULL VAULT TUMORS ABOUT 20 CASES

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Abstract :

Introduction: A wide variety of neoplasm and non-neoplastic lesions can involve the calvarium and their imaging appearances vary according to their pathologic features. These lesions are usually asymptomatic but may manifest as a lump with or without pain. The aim of this work is to report 20 cases of skull lesion and analyze epidemiologic, clinical presentation and therapeutic aspects of this entity. We illustrate the value of cross-sectional imaging techniques in evaluating these lesions.

Materials and methods: we retrospectively reviewed 20 cases of skull vault lesion treated in the Neurosurgery department-of military hospital Tunis during the period of 1 St January 2000 to December 31' 2016.

Results: The median age was 47.4 years old (range 20 _ 75 years)

The ratio of men to women was (M/F: 1.2). Most patients presented initially with local swelling (in 45%) sometimes accompanied by local pain. skull lesion was found incidentally in three cases.

Our study showed skull metastases is frequent causes of calvarial tumors we report 9 cases, breast cancer (in two cases) and thyroid carcinoma (in two cases) was the most common primary tumor.

Benign lesions are dominant (55%) with 4 cases of osteoma, 2 cases of hemangioma, 2 cases of histiocytosis X, 1 case of infra osseous meningioma, 1 cases of neurofibroma and 1 cases of epidermoid cysts. The primary malignant tumors are reported by two cases: osteosarcoma and chondrosarcoma.

The radiological assessments, including the X-ray

P104- Cutaneous dermal sinus fistula

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Neurosurgery Departement CHU Habib Bourguiba

Abstract :

A 15-year-old boy with a cutaneous pit at the occipital side of the scalp present from birth was referred to our hospital for chronic headache. Physical examination revealed a 2cm in diameter pit and measuring about 4 cm in length. He had no previous history of illness. Our patient underwent a cerebral MRI, which revealed a cutaneous dermal sinus fistula on the occipital part of the scalp . This diagnosis was later confirmed via histopathology after the excision of the sinus. The incision healed well without any complications.

P105- Dermoid cyst with dermal sinus tract complicated with spinal subdural abscess

Myriam Naceur, N.Nessib , A. Belhadj, A. Slimane , K.Ghedira, S. Bouali , K. Abderrahmen , J.Kallel
Institut Of Neurology Of Tunis

Abstract :

Background: A Intraspinal dermoids are uncommon tumours of childhood. Dermoid cysts are benign congenital tumors that develop early in life. A spinal intramedullary abscess secondary to an infected dermoid cyst is rare, and it has a poor prognosis, unless diagnosed and treated promptly.

Case description:

We report a 3-year-old boy with a spinal intramedullary abscess with secondary to a dermoid cyst resulting from a dermal sinus, despite a clearly defined opening at the lower back with discharge of a purulent material from a dermal sinus tract seen on the lower back before the patient had become symptomatic and showed meningeal signs. The patient was managed as a case of meningitis until he had complications that endangered his life, and then further radiological evaluation was done to delineate the underlying pathology. Magnetic resonance imaging scan of the spine revealed an intradural extramedullary mass lesion at L4-5 with a dermal sinus . Surgical excision of the cyst was successfully performed. Surgical and histopathologic findings confirmed extramedullary dermoid cyst with a dermal sinus. Postoperatively, the patient had remarkable clinical improvement.

Conclusions: This case illustrates the importance of the recognition and evaluation of skin markers because of the potential for intradural extension and a frequent association with other dysraphic abnormalities. It also emphasizes the importance of early diagnosis and treatment of spinal intramedullary abscess.

P106- MICROSURGICAL EXCISION OF POSTERIOR FOSSA NEURENTERIC CYST BY THE FAR-LATERAL APPROACH: CASE REPORT.

Sameh ACHOURA, Hajer KAMMOUN, Khaled RADHOUEN, Hichem, AMMAR, Med Dehmani YEDEAS, Ridha CHIKILI
Department of neurosurgery Military Hospital of Tunis

Abstract :

Intracranial neurenteric cysts are rare with posterior fossa being the most common location among them.

Case report: In this report, we present a case of a 16-year-old girl presented with complaints of gradually progressing neck pain of 7 months duration. The pain was localized in the neck and aggravated with neck movements. She had no difficulty with swallowing or speech, and the strength of all extremities, gait, and coordination were normal.

Total excision was performed by far lateral approach .The patient improved postoperatively and was neurologically intact at last follow-up.

Conclusion: Magnetic resonance imaging is the gold standard in the diagnosis of this anomaly. Surgical treatment allows total recovery in a most cases.

P107- Neonatal Hydrocephalus with Multiple Septations Associated with Streptococcus B Meningitis: A Rare Case Report

Ahmed Amine, Daoued, I. Krifa, M.M. Hadhri, F. Abid, M. Darmoul
Neurosurgery Departement, Fatouma Bourguiba University Hospital Of Monastir, Tunisia

Abstract :

Introduction:

Streptococcus B meningitis in neonates is an uncommon but severe condition, typically associated with high mortality rates. Transmission is generally maternal-fetal, and its occurrence is rarely linked with significant neurological sequelae, such as hydrocephalus. We present a unique case of a one-month-old infant with focal seizures and an increasing cranial perimeter, subsequently diagnosed with asymmetric hydrocephalus featuring multiple septations.

Case Presentation:

A one-month-old male infant was admitted to the neurosurgery department with focal seizures and an increase in cranial circumference. Initial clinical evaluations prompted a brain MRI, revealing asymmetric hydrocephalus with multiple septations within the ventricles. A lumbar puncture was performed, which confirmed the presence of Streptococcus B meningitis. Despite the rarity of this pathogen in neonates, especially in cases presenting with such complex ventricular pathology, the diagnosis was clear. The patient underwent appropriate neurosurgical and antibiotic interventions.

Conclusion:

This case highlights the rarity and severity of Streptococcus B meningitis in neonates, particularly when complicated by hydrocephalus with multiple septations. It emphasizes the need for heightened clinical awareness and early imaging to facilitate timely intervention and improve survival rates in affected infants.

P108- Otomastoiditis in children

Imen Zoghlami, A.Ayadi, E.Dridi, M.Trabelsi, A.Ayadi, E.Rejeb, S.Nefzaoui, D.Chiboub, N.Romdhane,I .Hariga, C.Mbarek
ENT departement of Habib Thameur Hospital

Abstract :

Intro: Acute mastoiditis (AM), a rare complication of acute otitis media, is an emergency due to the risk of infection spreading to adjacent structures. if left untreated, it can lead to endocranial complications, that are of particular concern due to their mortality and sequelae. Objective: Detail the diagnostic, therapeutic and evolutionary features of AM in children. Methods: 58cases of children treated for AM in our department over 23 year period. Results: The cases were mainly male. Mean age was 3.5 years. Anemia was found in 14cases. Immune deficiency was found in 1 case.The average consultation time was 7 days, and 42 cases were treated for AOM prior to admission. Fever was found in 47cases, otorrhea in 44 and headache in 2. Retroauricular inflammatory signs were noted in all patients, and tympanic perforation in 5 cases. Biological inflammatory syndrome was found in 42 cases. A CT-scan of temporal bones and brain was performed for all patients, confirming the diagnosis and revealing 1 case of meningitis confirmed by lumbar puncture, 2of subduralcerebral empyema, 8 of sinus thrombsis. All patients were immediately started on intravenous antibiotics. Average hospital stay was 12.42days. 26 patients had abscess drainage. Mastoidectomy was performed in 19 cases, including 6 with intracranial complications. 3 cases of recurrence of AM required mastoidectomy. Conclusion:Early recognition and treatment are crucial to prevent neurological complications and improve prognosis.

P109- Pediatric anaplastic astrocytoma

Nesrine Nessib, M.Naceur, S.Bouali, A.Belhaj, K.Ghedira, K.Abderrahmen, J.Kallel
Institute of neurology of Mongi Ben hamida

Abstract :

INTRODUCTION : Gliomatosis cerebri is a rare diffusely infiltrating glial neoplasm that carries a poor prognosis. Pediatric high grade gliomas are rare tumors of the central nervous system. Treatment is multidisciplinary, comprising surgical excision followed by radiotherapy and/or chemotherapy

METHODS : We report the case of a 17year old female, followed for von recklinghausen disease.

RESULTS : Our patient presented with headache, vomiting and bilateral visual blur associated with heaviness in her right hemi-body. The neurological examination was unremarkable. MRI showed a a large left parietal solid-cystic process with sub-facillar involvement. The patient was operated on with macroscopically complete removal of the tumour. The anatomical examination concluded to a grade III anaplastic diffuse fibrillary astrocytoma. The postoperative course was simple and the patient was referred for adjuvant radiotherapy.

CONCLUSION : High-grade brainstem gliomas have a worse prognosis. Early diagnosis and surgery appear to be associated with improved survival, while the role of radiation is unclear.

P110- Post-traumatic Dural Sinus Thrombosis in Children: a case report

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Abstract :

Background:

Post-traumatic dural Sinus Thrombosis (PDST) has been described in literature as a rare complication. It mainly affects the superior sagittal or the transverse sinuses. PDST is most often asymptomatic but can have serious consequences. Treatment of PDST is still a subject of controversy with no clear guidelines especially in pediatric population.

Methods:

We report the case of a child who was diagnosed with PDST and was followed up in our department.

Results:

A 7-year-old child consulted the emergency department for giddiness and vomiting following a head trauma that occurred 3 days before admissions. The patient had a normal neurological examination. An urgent Cranial computed Tomography (CT) scan was revealed three epidural haematomas on the right hemisphere (temporal, parietal and occipital). The patient underwent an urgent right cerebral surgery. A CT scan was performed the following day of surgery and showed a PDST by revealing a hyperdensity in the right transverse sinus. Clinical and radiological follow -up was decided and the patient had a prompt recovery with no signs of intra cranial hypertension.

Conclusions:

PDST in children is more frequent than reported. It can occur in both severe and mild head injuries. It's confirmation can be obtained with a contrast-enhanced CT scan. Treatment protocols are still a controversy

P111- Prenatal Discovery of an Intraventricular Tumor: A Case Report and Management Considerations

Siwar Farhat, M.Naceur , K.Bouzouita , N.Nessib , K.Ghedira , S.Bouali , J.Kallel
National Institute of Neurology Mongi-Ben Hamida

Abstract :

Introduction: Intraventricular tumors are exceedingly rare in the prenatal period. Early detection through advanced imaging can provide critical information for managing such cases before birth.

Case Presentation: We report a case of a fetus diagnosed with an intraventricular tumor during routine prenatal imaging. The tumor was identified on prenatal ultrasound at 31 Weeks Gestation. The mass was located in the right lateral ventricle.

Diagnostic Workup: Diagnostic evaluation included prenatal MRI, which confirmed a mass occupying the right ventricular junction and caused marked hydrocephalus. Further anatomical pathology analyses will be performed after birth to determine the tumor's histological type and guide subsequent treatment.

Current Management Status: As the fetus is not yet born, current management involves preparation strategies, e.g., close monitoring with periodic imaging, planning for delivery in a specialized center, or consulting with a multidisciplinary team. Postnatal intervention will be based on the tumor's characteristics and the newborn's condition.

Discussion: This case highlights the importance of prenatal imaging in the detection of rare fetal tumors and the need for meticulous planning of delivery and immediate postnatal care. The case also emphasizes the role of a multidisciplinary team in managing complex prenatal diagnoses.

Conclusion: The discovery of an intraventricular tumor in a fetus requires careful prenatal and postnatal management. Collabo

P112- Spontaneous Regression of an Arachnoid Cyst

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Abstract :

Arachnoid cysts are generally asymptomatic and often diagnosed incidentally. Spontaneous regression of arachnoid cysts in various anatomical regions of the brain has been reported in a few cases in the literature.

We report the case of a spontaneous regression of an arachnoid cyst in an 8-month-old infant. This is an infant who was 2 months old at the time, with a history of forceps-assisted vaginal delivery. The examination at birth revealed a subcutaneous serosanguinous bump. An ultrasound of the fontanelle was requested, which confirmed the presence of the subcutaneous serosanguinous bump along with the discovery of a paramedian cystic formation measuring 35 mm. A cerebral CT scan concluded the presence of a parieto-occipital cystic formation, suggesting an arachnoid cyst.

The decision was made for therapeutic abstention. At 8 months of age, a new cerebral imaging study was performed, showing the spontaneous involution of the cyst.

The possibility of observing spontaneous resolution of an arachnoid cyst provides additional support for adopting a watchful waiting approach when the cyst is asymptomatic.

P113- THE EPIDERMOID CYST OF THE ANTERIOR FONTANELLE: A REPORT OF 2 CASES

Nesrine Nessib, M.Naceur, K.Abderrahmen, A.Belhaj, A.Slimane, K.Ghedira, S.Bouali, J.Kallel
Institute of neurology of Mongi Ben hamida

Abstract :

BACKGROUND Congenital epidermoid cysts are rare, slow-growing benign tumors. They result from the abnormal inclusion of ectodermal elements during the closure of the neural tube in the early weeks of embryonic development. They account for about 0.5% of all cystic inclusions. Their location on the anterior fontanelle is unusual. We report two cases of congenital epidermoid cysts in infants, located on the anterior fontanelle.

METHODS we report two cases which involve infants aged 6 and 7 months, who presented with a mass on the anterior fontanelle.

RESULTS The mass had been growing progressively since birth. Clinical examination revealed a mobile, non-pulsatile, median frontal mass located on the anterior fontanelle. Psychomotor development was normal. Physical examination did not reveal any associated lesions .MRI revealed an extra-meningeal cystic lesion with no detectable intracranial involvement. Both patients underwent surgery . The cyst wall showed an irregular, pearl-white surface, containing clear fluid. Postoperative recovery was uneventful. Histological examination confirmed the diagnosis of an epidermoid cyst in both patients.

CONCLUSION An epidermoid cyst of the anterior fontanelle is a rare congenital lesion, most often manifesting at birth. The diagnosis is straightforward, and surgery remains an effective treatment. Recurrence is rare if the resection is performed without rupture of the cyst wall.

P114- Unpredictable Evolution of an Untreated Craniopharyngioma

Siwar Farhat, M.Naceur , K.Bouzouita , K.Ghedira , S.Bouali , J.Kallel
National Institute of Neurology Mongi-Ben Hamida

Abstract :

Introduction: Suprasellar cystic lesions are rare in neonates and require long-term follow-up to assess their progression. In young patients, these lesions can present complex diagnostic challenges, particularly regarding their management and monitoring.

Objective: To present the case of a 16-year-old patient initially diagnosed at birth with a suprasellar cystic lesion and discuss the diagnostic implications and possible changes over a 15-year period

Methods: We report the case of a patient who, at birth, was diagnosed with a suprasellar cystic lesion through cerebral imaging. Clinical and radiological data were gathered after 15 years of follow-up, which included a recent MRI scan and neurological evaluations

Results: Initially, the cystic lesion was significantly sized, raising concerns about potential impacts on surrounding brain structures. At 16 years of age, radiological exams revealed a notable reduction in the size of the lesion. Clinical results showed no significant neurological signs or associated complications. The evolution of the lesion and its size reduction led to a re-evaluation of its clinical impact.

Conclusion: This case illustrates a favorable progression of suprasellar cystic lesions in young patients, with a reduction in lesion size observed over 15 years. The diagnostic discussion highlights the importance of long-term follow-up in the management of cystic lesions in children. The clinical implications of this evolution underscore the need for continu

P115- Large aplasia cutis congenita of the vertex conservative management

Nesrine Nessib, S.Bouali, M.Naceur, S.Houimli Charfeddine, K.Ghedira, K.Abderrahmen, J.Kallel
Institute of neurology of Mongi Ben hamida

Abstract :

Background : Aplasia cutis congenita (ACC) of the vertex with bone defect is a rare and begnin anomaly that can involve the epidermis, dermis, and subcutaneous tissues of the scalp with significant bone defect. When associated with skull defect, this rare malformation carries the risk of severe complications such as rupture of the superior sagittal sinus or infections.

Methods and results : We report a case of aplasia cutis congenita of the scalp with skull defect measuring 9×10 cm and an exposed sagittal sinus in a newborn. Both conservative and surgical methods have been proposed to treat this condition. In our case, conservative treatment was planned led to complete epithelization and the patient was healing well at 5 years of follow-up.

Conclusions : ACC of the vertex with a large scalp defects present a management dilemma. Based on a review of the literature, we report this case to demonstrate that even for the largest skin and bone defects, an initial conservative approach may allow for complete wound closure without the need for early surgical intervention.

P116- Gorham-stout disease of the skull-base: A rare entity

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Department of Neurosurgery, National institute of neurology, Tunisia

Abstract :

Gorham-stout or vanishing bone disease is a rare entity characterized by progressive osteolysis with lymphangiogenic bone invasion. Although already reported in 1838, currently the diagnosis and treatment of Gorham-Stout disease is still

challenging. The underlying pathophysiology is not clarified yet and several theories exist. The disease

usually affects persons younger than 40 years and

the majority present with bone disease of the

maxillofacial region, the upper extremities or the

torso. Gorham-stout disease affecting the skull base is a particularly rare and challenging entity, it has a high propensity for causing life-threatening complications such as cerebrospinal fluid leaks, meningitis and osteomyelitis.The clinical presentation includes most frequently pain, swelling, and functional impairment of the affected regions.

We report the case of a 23-year-old woman who was referred to our center because of an asymptomatic increasing skull defect of the left temporo-occipital bone. The defect was first noticed at the age of twenty, and gradually increased over the years. Her medical history was unremarkable, without any known trauma and a negative family history for bone diseases. CT scans of the skull showed an osteolytic region of the left temporo-parietal skull bone, with a two-centimeter increase in diameter over 3 years.

This patient has been operated.Through this case we will try to discuss the main features related to Gorham-stout disease of the skull-base.

P117- Management of Skull Base Meningiomas: A Comprehensive Review

wiem Boudabbous, El Kahla Gh, Ghorbel M, Ouni E; Hadj Taieb MA , Hadhri MM, Maamri K . Ben Nsir A , Darmoul M
Neurosurgery departement of Monastir

Abstract :

Skull base meningiomas are located at the intersection of critical neurovascular structures, presenting significant challenges in surgical planning and treatment. Their management requires a multidisciplinary approach to optimize outcomes while minimizing functional impairments.

This study aims to review recent advancements in the management of skull base meningiomas, focusing on novel surgical techniques, imaging modalities, and adjuvant therapies.

The integration of endoscopic and minimally invasive approaches has improved tumor resection with reduced morbidity. Keyhole and transnasal approaches offer significant benefits in accessing challenging locations. In addition, advances in MRI and CT imaging, coupled with intraoperative navigation systems, have enhanced preoperative planning and real-time surgical guidance, improving tumor visualization and reducing the risk of damage to surrounding structures. The role of targeted therapies and stereotactic radiosurgery in managing residual or recurrent tumors has expanded, providing effective options for patients who are not candidates for additional surgery.

The management of skull base meningiomas requires a careful balance between achieving maximal tumor resection and preserving neurological function.

P118- Pott's Puffy Tumor: About cases

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ENT Department of the Habib Thameur Hospital, Tunis

Abstract :

Introduction:

Pott's Puffy Tumor is a complication of frontal sinusitis, and is characterised by osteomyelitis of the frontal bone with an associated subperiosteal abscess .The purpose of our work is to describe the clinical manifestation of the pott's puffy tumor, it's complications, and it's therapeutic modalities

Methods :

Retroceptive study conducted on 4 patients followed and treated for Pott's Puffy Tumor between 2018-2023

Results :

All our patients were men .The average age was 24 years [16-33]. They all consulted for an inflammatory frontal swelling with acute frontal headaches.Only one case presented a medical history of a chronic sinusites, the other 3 cases did not have any medical or surgical history . A rhinorrhea was noted in 2 cases . A right palpebral swelling was noted in two patients. All our cases did not show neurological or ophthalmological complications.

A brain scan and facial mass were requested in all patients presenting an acute frontal sinusitis , complicated by a frontal skull osteomyelitis and a subperiosteal abscesses with a mean size of 4cm, without intracranial extension.. All patients have received broad-spectrum antibiotics with percutaneous drainage through a frontal incision . The evolution was marked by a clinical, biological and radiological improvement

Conclusion :

Pott's puffy tumor is a rare complication. Any frontal tumefaction should be given special attention, as complications can be life-threatening.

P119- A thoracic spinal arachnoid cyst complicating a costovertebral tumor resection

Maila Bounemra, MD Yedeas ; S. Farhat ; M. Ben Romdhane ; S. Achoura ; R. Chkili ; A. Harbaoui
Neurosurgery Department of the Military Hospital of instruction of Tunis

Abstract :

In clinical practice, spinal arachnoid cysts pose a rare yet significant challenge, stemming from diverse etiologies ranging from congenital to acquired origins. Typically located in the thoracic spine, where the spinal canal diameter is relatively small, these cysts often lead to neurological deficits. Our case study involves a middle-aged woman who previously underwent a surgery for a costovertebral tumor complicated by a thoracic arachnoid cyst. While the exact pathogenesis of the expansion of these cysts remains uncertain, diagnosis typically involves advanced imaging modalities. Treatment primarily revolves around surgical excision and dural defect closure to alleviate spinal cord compression. Overall, managing spinal arachnoid cysts demands a multidisciplinary approach and ongoing research for optimal outcomes.

P120- Atypical manifestations of tuberculosis

Siwar Farhat, M.Bounemra , M.D.Yedeas , K.Bouzouita , S. Laafifi , F.Bahri , R.Chkili
The Military Hospital of Tunis

Abstract :

Introduction: Spinal cone tuberculosis is a rare manifestation of extrapulmonary tuberculosis, with few cases described in the literature. This condition can present diagnostic challenges due to its rarity and the diversity of its symptoms.

Objective: To present a rare clinical case of spinal cone tuberculosis, illustrate the diagnostic difficulties, and discuss treatment options.

Methods: We present the case of a 55-year-old patient with neurological symptoms, including medullary compression, with no history of treated pulmonary tuberculosis. To confirm the diagnosis, clinical evaluations, radiological imaging (MRI), and surgery were performed

Results: The diagnosis of spinal cone tuberculosis was confirmed by anatomopathological examination. The patient was placed on appropriate antituberculous treatment, and a favorable clinical and radiological response was observed after surgery

Conclusion: Spinal cone tuberculosis is a rare but significant condition to consider in the differential diagnosis of neurological syndromes in patients with a history of tuberculosis. Early diagnosis and appropriate treatment are crucial for a favorable outcome. This case highlights the importance of thorough clinical evaluation and consideration of atypical manifestations of tuberculosis

P121- Cervical Endocanal Exostoses in Pediatric Patients: A Case Report of Two Cases

Ahmed Msakni, Nesrine Nessib, Rim Boussetta, Mohamed Nizar Aouinti, Mohamed Zairi, Sami Bouchoucha, Walid Saied, Mohamed Nabil Nessib

Pediatric orthopedic department, Children's Hospital of Tunis. Faculty of medicine of Tunis.

Abstract :

Background: Cervical endocanal exostoses are rare but can result in significant spinal cord compression and neurological symptoms in pediatric patients. We report two cases of young patients with exostosis-related spinal cord compression managed surgically, highlighting clinical presentation, radiological findings, and surgical outcomes.

Case 1: An 11-year-old male with a history of exostosis disease presented with weakness in the right upper limb. Radiological assessment, including standard X-rays, CT scans, and MRI of the entire spine, revealed an endocanal exostosis originating from the laminae of C5 and C6. The lesion was compressive, with associated spinal cord distress. Surgical intervention involved posterior resection of the exostosis, laminectomy, and instrumented arthrodesis from C3 to C7 using the Vertex system.

Case 2: A 5-year-old male, also with a history of exostosis disease, presented with recurrent torticollis. Radiological investigations, including CT and MRI, identified a large compressive exostosis within the canal originating from the C2 lamina, with early signs of spinal cord involvement. The patient underwent resection of the exostosis, preserving the C2 facet joints, followed by immobilization with a plaster brace.

Conclusion: These cases highlight the importance of early diagnosis and appropriate surgical management in pediatric patients with cervical endocanal exostoses to prevent permanent neurological damage. Both patients had favorable outcomes

P122- Cervical Osteochondroma: A Rare case and a review of the Literature

Majdouline Barkache, R.Ben fredj , O.Hattab, S.Galaoui, M.chabaane, M.ben Messoud, K.Somrani, ch.abdelileh, H.ben selma, A.maliki, K.iadh
sahloul neurosurgery departement

Abstract :

Introduction: Osteochondroma is a common benign bone tumor, most frequently found in the long bones, particularly around the knee and shoulder. However, its occurrence in the cervical spine is extremely rare and poses unique diagnostic and therapeutic challenges.

Case Presentation: We present the case of a 19-year-old male who presented with a cervical mass and neck pain . Physical examination revealed mild tenderness over the cervical spine with no significant neurological deficits. MRI, identified a bony outgrowth originating from the posterior aspect of the C4 vertebra, consistent with an osteochondroma.

Treatment: The patient underwent a posterior cervical approach for complete resection of the osteochondroma. Intraoperatively care was taken to avoid damage to the spinal cord and surrounding tissues. The tumor was successfully removed, and histopathological examination confirmed the diagnosis of osteochondroma.

Discussion: Osteochondroma of the cervical spine, though rare, requires careful evaluation due to the risk of spinal cord compression and other neurovascular complications.

Conclusion: Cervical osteochondroma, while uncommon, can lead to significant morbidity if not properly managed.

P123- CT study: The ilio-lumbar vein

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Service orthopédie Charles Nicolle

Abstract :

Introduction:The iliolumbar vein usually arises from the common iliac vein and drains the fourth and fifth lumbar vertebrae and the iliac and psoas muscles. These veins are characterized by great anatomical variability and vulnerability during surgery, which can lead to massive and potentially fatal intraoperative bleeding. A thorough knowledge of vascular anatomy is essential, hence the interest of our study, which is to investigate the anatomical characteristics of the ilio-lumbar vein in the Tunisian population.Materials and methods: This is a descriptive study of 50 abdominal angioscans collected in the radiology department of Charles Nicolle Hospital. Results: Our study involved 28 patients, with an average age of 52 years and a sex ratio of 2. The aortic bifurcation was located opposite L4 in 44% of cases, L3-L4 in 28% and L4-L5 in 22%. The ilo-caval confluence was located opposite L4-L5 in 28% of cases. The iliolumbar vein was present in 78% of cases, unilateral in 11%. The angle between the iliolumbar vein and the left primitive iliac vein averaged 101°.The angle between the 2 primitive iliac veins averaged 58°.The distance between the termination of the iliolumbar vein and the confluence of the 02 primitive iliac veins averaged 60mm.Conclusion: The iliolumbar vein is generally encountered during the anterior approach to the lumbar spine. Knowledge of the morphometric parameters of this vein is vital in determining the surgical approach and the risk of avulsion.

P124- Diplopia Revealing A Cervico-Occipital Hinge Malformation

Myriam Naceur, A.Slimane, K.Bouzuita, A.Belhadj, K.Ghedira, S.Bouali, A.Bouhoula, K.Abderahmen , I. Ben Said, J.Kallel
Institut Of Neurology Of Tunis

Abstract :

BACKGROUND Chiari I malformation is a congenital, neurological condition that is characterized by defects of the skull base resulting in herniation of the cerebellum through the foramen magnum into the cervical spinal canal. Because the condition can result in visual symptoms, patients will often search for answers from their eye care providers. Diplopia is not frequently associated with Arnold-Chiari I malformation.

METHODS We report the case of a 16-year old boy who was treated in the neurosurgery department of the National institute of neurology Mongi Ben Hamida,

RESULTS Our patient was without a pathological history. He reported the sudden onset of an horizontal binocular diplopia without any traumatic context. On examination, the patient presented a right convergent strabismus and a gaze-evoked nystagmus. Magnetic resonance imaging (MRI) showed malformation of the cervico-occipital hinge with ptosis of the tonsils without hydrocephalus nor syringomyelia. The patient underwent a suboccipital craniectomy which resulted in lessened nystagmus, diplopia regression and improved symptoms.

CONCLUSION Acquired esotropia, often in association with other eye movement abnormalities, may be an early sign of Arnold-Chiari I malformation. Neurosurgical suboccipital and upper cervical decompression may lead to improvement or resolution of diplopia.

P125- Epidural blood patch on cerebrospinal fluid leakage caused by iatrogenic dural injury after Posterior Lumbar Interbody Fusion: A case report

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Department of neurosurgery Habib Bourguiba Hospital, Sfax, Tunisia

Abstract :

Background:

Iatrogenic cerebrospinal fluid leakage (CSF-L) is frequent (dural puncture, epidural anesthesia, spinal instrumentation …). This condition can lead to intracranial hypotension and meningitis. Epidural Blood Patch (EBP), which involves injecting autologous blood into the epidural space, is considered the gold-standard treatment for CSF-L if conservative management is not effective.

Methods:

We present a case of a patient who was treated in our department for a CSF-L caused by iatrogenic dural injury after a Posterior Lumbar Interbody Fusion (PLIF)

Results:

A 54-year-old man underwent PLIF for very severe spinal stenosis. The intervention was complicated by a dural tear that was sutured. The patient presented with headache, purulent discharge from the surgical scar associated with CSF-L on postoperative day 12. Fluid collection at the operation site was observed on MRI images. Urgent evacuation of the collection, absolute bed rest, antibiotherapy and lumbar drain catheter insertion were performed for 13 days, but the patient continued to complain of severe headache and the drainage amount still did not decrease. An EBP was applied to the epidural space at the site of dural injury, and the patient's symptoms improved.

Conclusions:

CSF leakage following spinal instrumentation can lead to intracranial hypotension and meningitis. In such cases, an epidural blood patch (EBP) may be necessary if conservative treatment is unsuccessful.

P126- Ewing Sarcoma

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Centre de traumatologie et des grands brulés de Ben Arous

Abstract :

Introduction:

Ewing's sarcoma is a primary malignant bone tumor, affecting children and adolescents, and more rarely adults. It represents the undifferentiated form of primary peripheral neuroectodermal tumors (PNET). The vertebral location is exceptional.

It is a 10-year-old girl, and a 24-year-old man. In both cases, cauda equina syndrome was the reason for hospitalization. Our patients underwent a lumbar MRI showing an expansive intra-canal process. Both had an emergency decompression procedure followed by adjuvant treatment .

Genetically, Ewing's sarcoma is related to a characteristic t (11; 22) chromosomal translocation. It is found mainly in the flat bones and is accompanied by a significant extension to the soft tissues, However all the bones of the skeleton can be affected but in different proportions. The vertebral location accounts for 3.5% to 15% of all lesions.

The prognosis of Ewing's sarcoma is poor in the vertebral location, this because of the radiculomedullary compression it causes and also the therapeutic difficulty.

The primary vertebral location of Ewing's sarcoma is poor in prognosis, although some authors distinguish between sacred location with unfortunate prognosis and extrasacral location. Molecular biology has an essential place for prognosis. The management of Ewing's sarcoma is based on a combination of surgery, radiotherapy and chemotherapy. Despite the therapeutic progress, the prognosis of this localization remai

P127- Giant Cervical Dumbbell-shaped Neurinoma: a very rare entity

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Abstract :

Dumbbell-shaped neurinomas of the cervical region

constitute 43.3 % to 58.3 % of the dumbbell-shaped neurinomas in the spinal canal. Schwannoma is considered "giant" if it extends beyond the spine by >2.5 cm or involves more than 2 vertebral levels.

we reported the case of 37-year-old man with no previous medical history admitted for walking difficulties with bilateral C5-C6 cervico-brachial neuralgia which had been present for 5 years. On clinical examination, a painless cervical mass. Motor skills and sensation were normal. A pyramidal syndrome was present in both lower limbs.

An MRI scan of the spinal cord showed a giant Dumbbell-shaped intradural tumour measuring 4 cm in diameter and 5 cm in height with scalloping on the adjacent bone. The patient was operated on using a combined anterior and posterior approach: initially using a posterior approach with almost total exeresis, followed by osteosynthesis using an anterior approach. The post-operative course was straightforward and the initial symptoms improved. Anatomopathological examination led to the conclusion of a spinal neuroma.

Hourglass-shaped neuromas are extremely rare and can be gigantic, exerting a mass effect on adjacent structures. their management is more complicated because of their appearance and size.

P128- Isolated lumbar myxopapillary ependymoma

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Neurosurgery department of the military hospital of Tunis

Abstract :

Background: Spinal ependymoma is described typically as an intramedullary tumor arising from ependymal cells lining the ventricles and the central spinal canal. Intradural extramedullary (IDEM) ependymomas subtype are extremely rare.

Case-report: It's about a 32-year-old patient who was admitted to our neurosurgical department for non-systematized bilateral lumbocrural pain set on upon an intense sport activity limiting his ability of walking. On the exam, the patient had only a contracture of the lumbar paravertebral muscles and a bilateral positive Lasegue sign with no motor nor sensitive deficit. An MRI was performed showing an intradural extramedullary medial central process in the level of L2L3 measuring 13*17*24mm recalling at first a neurinoma. The patient underwent L2 and L3 laminectomy and durotomy revealing a crumbly and bleeding tumor that was well limited and that emerged spontaneously under pressure enabling us to make a complete resection. The patient evolved well and was discharged on the 2nd day after surgery. The anatomopathological exam revealed a lumbar intradural papillary proliferation presenting extensive myxoid changes consistent with a myxo-papillary ependymoma.

Conclusion: IDEM isolated lumbar myxopapillary ependymoma is rare but should be suspected as a differential diagnosis of neurinoma with relatively a good prognosis. Early diagnosis and surgery remain the main contributors to better neurologic outcomes.

P129- Malignant Hemopathy Revealed by Spinal Cord Compression: About 13 cases

Majdouline Barkache, R.Ben fredj , S.Galaoui,O.Hattab ,M.chabaane, M.ben Messoud, K.Somrani, ch.abdelileh, H.ben selma, A.maliki, K.iadh

sahloul neurosurgery departement

Abstract :

backrgound: Spinal cord compression is a rare but serious complication of malignant hemopathies, including lymphomas, leukemias, and multiple myeloma. While malignant hemopathies primarily affect the hematopoietic system, extramedullary manifestations such as spinal cord compression can serve as the first clinical presentation, leading to an early diagnosis and prompt treatment. However, the prognosis remains variable depending on the type of hemopathy and the extent of spinal involvement.

13 cases of spinal localizations of hematological malignancies were treated in our department (2012 and 2022)

Methods :We will study the radiological and prognostic clinical characteristics of our patients.then we will review the literature on this pathology.

Results: Results: Median patient age was 41 years;. Men accounted for 64.6% of patients. 40.7% reported symptoms lasting >1 year. Claudication was the presenting symptom in 75.2%. At presentation, 20.3% of patients had complete neurological lesions. Surgery was performed in 81.4% of patients; only 16.3% were operated on within 72 hours of admission. Chemotherapy was administered in 10 cases.

Conclusion:The prognosis for these conditions remains poor. The precocity of surgical treatment and the nature of the hemopathy remain major elements of the functional prognosis

P130- Myxopapillary Ependymoma of the Fourth Ventricle: A Case Report and Review of the Literature

Majdouline Barkache, R.Ben fredj , S.Galaoui,O.Hattab ,M.chabaane, M.ben Messoud, K.Somrani, ch.abdelileh, H.ben selma, A.maliki, K.iadh

sahloul neurosurgery departement

Abstract :

Myxopapillary ependymoma (MPE) is a rare that most commonly occurs in the lumbosacral region of the spinal cord, particularly within the filum terminale. Intracranial occurrences, especially within the fourth ventricle, are extremely rare .

Case : We report a case of a 10-year-old patient who presented with progressive headaches, nausea, and ataxia. Magnetic resonance imaging (MRI) revealed a well-defined, enhancing mass within the fourth ventricle, causing obstructive hydrocephalus. The patient underwent a subtotal resection of the tumor via a suboccipital craniotomy. Histopathological examination confirmed the diagnosis of myxopapillary ependymoma, Postoperatively, the patient's symptoms improved significantly, he inderwent adjuvant radiotherapy and follow-up imaging showed no evidence of residual tumor or recurrence.

Discussion: This case highlights the importance of considering myxopapillary ependymoma in the differential diagnosis of fourth ventricular masses, despite its rarity in this location. Surgical resection remains the mainstay of treatment, with a good prognosis associated with complete resection and adjuvant treatment. A review of the literature suggests that while MPEs are typically indolent, their atypical intracranial presentations may require careful long-term follow-up to monitor for potential recurrence.

Conclusion ,This case highlights the clinical and therapeutic challenge for diagnosis a Myxopapillary ependymoma of the fourth ventricle

P131- Narrow lumbar pedicle: A rare contraindication for percutaneous spinal surgery

Akremie Med Seddik, Akremie M.S - Sanna M.H - Ben Ammou A - Dhifallah M.A - Bellil M - Ben Salah M
Service orthopédie Charles Nicolle

Abstract :

Introduction:The vertebral pedicle is defined as the part that joins the lamina to the vertebral body. This type of anomaly is extremely rare in the lumbar spine. We report the case of a man with an unreported narrow pedicle.Clinical case: A 46-year-old man with no previous history of spinal injury presented to the emergency department following a road traffic accident, resulting in trauma to the thoraco-lumbar spine. Clinical examination revealed no neurological deficit. A body scan was performed, showing compression fractures of T12 and L3.Conservative treatment was decided for the L3 fracture, and minimally invasive percutaneous T11-L1 fixation was chosen for the T12 fracture.Intraoperatively, and during fluoroscopic pedicle localization, the location of the L1 pedicles proved difficult, as they appeared as a line. In view of this, the CT scan was reread, measuring the diameters of the right and left pedicles from T10 to L5 and specifying the diameter of the external cortex of the pedicle and that of the cancellous portion. The L1 pedicles were the narrowest on the right and left. In this patient's case, and given the difficulties in locating the pedicle on fluoroscopy, we decided to stop the operation with only one side fixed. Conclusion:Hypoplastic pedicles are a rare anatomical variant, particularly in the lumbar spine. Precise knowledge of pedicle dimensions is important preoperatively, to help select screw diameter .

P132- "PANCAKE SIGN" ON MRI IN CERVICAL SPONDYLOTIC MYELOPATHY : A CASE REPORT

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Serivce de Neuroradiologie, Institut National de Neurologie Mongi Ben Hamida de Tunis

Abstract :

Introduction: Cervical spondylotic myelopathy (CSM) results from spinal cord compression due to cervical spondylosis. Standard MRI sequences typically show a hyperintense intramedullary signal on T2-weighted images and, less frequently, hypointense signals on T1-weighted images. Gadolinium-enhanced MRI sequences, though not standard for evaluating cervical degenerative diseases, provide essential insights into spinal cord parenchyma integrity and help differentiate intramedullary lesions, often showing a distinctive pancake-like enhancement pattern indicative of CSM.Methods:We present clinical and radiological data from a patient initially suspected of having a tumor due to intramedullary contrast uptake. A second MRI identified signs of cervical spondylosis with a pancake enhancement pattern, suggesting a myelopathy of cervical origin.Case Report:

A 57-year-old female patient exhibited bilateral cervico-brachial neuralgia, dropping objects, and left-dominant brachial diplegia with a quadripyramidal syndrome. Initial MRI suggested an astrocytoma at C5-C6. A follow-up MRI showed cervical osteoarthritic changes and cord compression at C5-C6, with swelling,T2 hyperintensity, and linear peripheral contrast enhancement, known as the "pancake sign," without any mass effect.CONCLUSION : In CSM, intramedullary enhancement suggests disruptions in the blood-spinal cord barrier, primarily in white matter. The "pancake sign" is crucial for diagnosing CSM among other potential etiologies.

P133- percutaneous fixation of thoracolumbar spine fractures with SPA

Akremie Med Seddik, Akremie M.S - Dhifallah M.A - Ben Ammou A - Sanna M.H- Bellil M - Ben Salah M
Service orthopédie Charles Nicolle

Abstract :

Introduction: Patients with a history of APS are more vulnerable to transdiscal fractures. Open surgery is associated with a high risk of complications. An increasing number of teams are proposing to treat these fractures by percutaneous long fixation. We propose to study the clinical and radiological results of this type of montage. Material and Methods: We carried out a retrospective study of patients operated on with percutaneous fixation for thoracolumbar fractures, over an extended period from 2011 to 2023. All benefited from long fixation (3 screws above and 3 screws below). We recorded epidemiological data, fracture site, outcome and postoperative complications. Results: We selected 13 patients. The average age was 52.2 years, and the patients had no pre-operative neurological deficits. We observed 13 cases of recent fractures. 3 patients had a T10-T11 fracture, 4 patients had a T11-T12 fracture, 1 patient had a T7T8 fracture and the remainder had a T12-L1 fracture. All our patients underwent long percutaneous fixation. At final follow-up, all our patients had no sensory-motor deficits, and the consolidation rate was 100%. Conclusion: The patients treated in our series with percutaneous treatment (long montage) had good clinical results and a 100% consolidation rate at final follow-up.

P134- Postoperative analgesia after wound infiltration with Dexmedetomidine and Ropivacaine versus Ropivacaine alone for lumbar discectomies: a randomized controlled trial

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Department of Neurosurgery (1), Department of anesthesiology and critical care (2), Military Hospital of Tunis, University Tunis El Manar

Abstract :

Current local anesthetics (LA) may provide solid analgesic effect, however, their analgesic advantages might be limited by their short lifespan. Several reviews

highlight the potential role of 2-adrenergic receptors agonists like dexmedetomidine (DEX) for postoperative pain control. This prospective, randomized, double-blind, controlled study aims to compare the analgesic efficacy of the sole LA: ropivacaine (R) with the combination of both: ropivacaine and DEX (RD) for wound infiltration (WI) in lumbar discectomies.

Adult patients undergoing elective lumbar discectomies were randomly allocated into two groups: group (R) received 2mg/kg with Ropivacaine: 4.75 mg/ml in WI, group RD received the same dose of Ropivacaine with added 0.5 ug/kg of DEX. Visual analog scale (VAS) at 0, 2, 6, 12, 18, and 24 hours ; time to first rescue analgesia, total post-operative

opiate dose were assessed during the first 24 h postoperatively.

VAS values at all time intervals were significantly lower in the RD group as compared with the R group, the median time to first rescue analgesia was significantly shorter, and the median (interquartile range) opioid use was significantly lower. We also report that the first time to mobilization was significantly shorter in RD group than R group.

In conclusion, infiltration with combined ropivacaine and DEX found to be significantly superior for postoperative analgesia compared with Ropivacaine alone for lumbar discectomies.

P135- Primary spinal meningioma in a 15-year-old boy

Sameh ACHOURA, Kais BOUZOUITA, Khaled RADHOUEN, Hichem, AMMAR, Ahmed HARBAOUI, Med Dehmani YEDEAS, Ridha CHIKILI
Department of neurosurgery Military Hospital of Tunis

Abstract :

Abstract:

Spinal meningiomas in childhood are very rare, with an annual incidence of 8 cases per 1000000 people. . Meningiomas are generally benign and their recurrence is mostly related to the histologic type. Until now, approximately 60 cases of spinal meningiomas in childhood have been reported in the literature

We present a case of a 15 year-old boy diagnosed with a psammomatous meningioma in the topography of the thoracic column (T4-T5), and to review some epidemiological, pathophysiological, clinical and prognostic features

P136- Remote cerebellar hemorrhage after lumbar spinal surgery

Hajer Kammoun, M. D. Yedeas, S. Achoura, K. Radhouen, A. Abdennadher, H. Ammar, A. Harbaoui, R. Chkili
Neurosurgery department of the military hospital of Tunis

Abstract :

Background: Remote Cerebellar hemorrhage after spinal surgery is rare, but potentially lethal due to the location of the bleeding. The first reported case was in 1981 by Chadduck. Since then, it was described mostly in cases of intraoperative dural tearings with cerebrospinal fluid leakage, even those repaired intraoperatively.

Case report: A 48-year-old patient was admitted to our department for non-systematized bilateral lumbosciatalgia not responding to analgesics, intermittent radicular claudication and vesicosphincter disorders. The MRI revealed a lumbar stenosis and compressive disc herniations. He underwent from L3 to L5 laminectomy with fusion, which was complicated by a posterior median dural tear repaired intraoperatively. The surgical drain brought back an important amount of fluid made of blood and CSF. On the 3rd day after surgery, he presented a headache. An intracranial hypotension syndrome was suspected and the patient received a hyperhydration. A brain computed tomography was performed showing a left cerebellar hematoma. Hyperhydration and blood pressure monitoring were maintained and the patient was discharged 2 weeks after surgery.

Conclusion: It is important to consider the possibility of RCH in patients who exhibit unexplained neurological deterioration after the dura mater opening during spinal surgery. Early detection and correct interpretation of the typical bleeding pattern can help avoiding further aggravation of symptoms.

P137- Spinal intramedullary schwannomas: report of a 4 cases and extensive review of the literature

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Neurosurgery Department CHU Habib Borguiba Sfax et Neurosurgery Department CHU Sahloul Sousse

Abstract :

Spinal shwannomas are benign tumours that account for 30% of spinal tumours. We report in this work 4 cases of intramedullary neurinomas hospitalized in the neurosurgery department of CHU habib borguiba sfax and the experience of the neurosurgery department of CHU Hassan II of Fez in the management of spinal shwannomas, from diagnosis to therapeutic modalities over a period of 13 years. Spinal shwannomas represented 19.5% of cases of spinal cord compression operated on during the same period. The average age was 45, with a discrete female predominance. Symptoms were insidious, with an average delay in consultation of 18 months, and were dominated by spinal and radicular pain. Half of our patients had neurological deficits. MRI of the spinal cord was performed in all our patients. The most frequent location was in the thorax (40%). Sixty-two percent of shwannomas were intra dural, rarely extra dural (8%), and mixed in 4%. Surgical removal was complete in 96% of cases, with osteosynthesis in two and arthrodesis in one. Histological studies confirmed the diagnosis of benign neuroma in 23 cases, malignant shwannoma in one and neurofibroma in one. The majority of cases had a favourable outcome.

P138- Spinal Plasmocytoma revealed by spinal cord compression: A case report

Walid Raddaoui, K.Ayedi, Y.Chaker, R.Baklouti, B.Kammoun, MZ.Boudawara
Department of neurosurgery Habib Bourguiba Hospital, Sfax, Tunisia

Abstract :

Background: Multiple myeloma (MM) is a hematologic malignancy that leads to osteolytic lesions. Spinal cord compression may be the presenting symptom of MM. The mainstay of treatment of MM remains oncological with chemotherapy and radiotherapy but spinal cord decompression still have an important role especially in selected patients.

Methods: We report the case of a patient who required a surgical intervention for a spinal Plasmocytoma

Results: A 66-year-old male patient with no past medical consulted in July 2024 for a 8 months history of walking disorders, increasing back pain and weight loss with no bowel or bladder dysfunction. Neurological examination revealed an inability to walk, a tenderness in both thoracic and lumbar spine with no motor deficit.

CT scan showed multiple osteolytic vertebral lesions with an expansile one, involving the posterior arch of the D2 vertebra causing severe compression of the spinal cord.

The patient underwent a posterior approach and excision of the posterior arch of D2. Histopathology confirms the diagnosis of MM

Post operatively, the patient had partial improvement in pain and walking disorders. He was referred to a hematology department.

Conclusion: MM can be revealed by spinal cord compression and back pain may be the first symptom of the disease. The primary treatment for MM involves oncological therapies, however spinal surgery remains crucial for selected patients and aims to improve neurological function and maintain stability.

P139- Spondylodiscite cervicale à brucellose : a propos d'un cas

Mohamed Amine Hmida, H.Ben Selma - R.Latrech - T.Kammoun - K.Somrani - C.Abdelileh - I.Ksira
sahloul sousse

Abstract :

Introduction : La spondylodiscite cervicale est une infection rare mais grave qui touche les disques intervertébraux et les corps vertébraux, souvent causée par des bactéries pathogènes. Parmi les agents infectieux potentiels, Brucella spp., bactéries responsables de la brucellose, sont rarement impliquées dans des infections vertébrales.

Cas clinique : Nous présentons le cas d'une spondylodiscite cervicale secondaire à une brucellose chez une patiente de 37 ans, précédemment en bonne santé, sans antécédents de voyage dans des zones endémiques ni contact connu avec des animaux infectés. La patiente s'est présenté avec des cervicalgies progressives, de fièvre intermittente depuis 2 mois, avec apparition de lourdeur des 4 membres occasionnant des troubles de la marche depuis une semaine. L'examen clinique a révélé un syndrome rachidien cervical, ainsi qu'une tetraplegie avec un deficit complet au niveau des 2 membres inferieurs. Les examens complémentaires ont inclus des analyses de sang montrant une élévation des marqueurs inflammatoires, ainsi qu'une imagerie par résonance magnétique (IRM) confirmant l'atteinte vertebrale et paravertebrale avec une collection intracanalaire et de compression medullaire.

Le diagnostic de brucellose a été confirmé par des tests sérologiques spécifiques et une culture bactérienne positive sur un échantillon de prélèvement discal. La brucellose était diagnostiquée comme étant l'étiologie sous-jacente de la spondylodiscite.

Gestion et traitement

P140- Spontaneous regression of a lumbar disc herniation: about three cases and review of the literature.

Sameh ACHOURA, Hajer KAMMOUN, Med Dehmani YEDAS, Hichem AMMAR, Ahmed HARBAOUI, Khaled RADHOUEN, Ridha CHIKILI
Department of neurosurgery Military Hospital of Tunis

Abstract :

Spontaneous regression of herniated lumbar discs was reported occasionally. The mechanisms proposed for regression of disc herniation are still incomplete. Spontaneous regression of lumbar discs has been recognized with the advancement of radiological diagnostic tools and can explain the reason of spontaneous relief of symptoms without treatment. It is important to consider the possibility of spontaneous regression before surgical treatment in disc herniations. In disc herniation, time should be allocated for the body's inflammatory response to heal.

We report three cases of spontaneous regression of lumbar disc with disappearance of symptom.

P141- Technical note: installation of patients with thoracolumbar fracture in ankylosing spondylitis

Akremie Med Seddik, Akermie M.S- Sanna M.H - Ben Ammou A - Dhifallah M.A - Bellil M - Ben Salah M
Service orthopédie Charles Nicolle

Abstract :

Introduction: Thoracolumbar fractures in ankylosing spondylitis are a particular form of thoracolumbar spine fractures. In facts, they usually occur following minimal trauma to an ankylosed spine that has lost its mobility and elasticity and are associated with significant instability and spinal cord nerve injury.Their treatment is essentially surgical based on posterior pedicle fixation.Methods and Results: We report the case of a 62-year-old female patient with a history of ankylosing spondylitis followed in rheumatology who presented to the emergency department following a road traffic accident that resulted in trauma to the thoracolumbar joint.Upon clinical examination, the patient exhibited tenderness upon palpation at the thoracolumbar junction. The neurological examination was unremarkable, with an ASIA score of E. Radiography and a CT scan of the thoracolumbar spine revealed a trans-discal fracture at the T11-T12 level on a spine ankylosed in kyphosis.Given this presentation, the therapeutic decision was to proceed with surgical treatment involving a long percutaneous fixation from T9-T10 to T12-L1. Discussion and conclusion:The management of thoracolumbar junction fractures in patients with ankylosing spondylitis presents unique challenges due to spinal rigidity and pre-existing deformities.To avoid neurological complications and facilitate the operation, the patient must be positioned in such a way as to respect the pre-existing spinal deformity.

P142- Tethered cord syndrome in children: about a case

Hermassi Mohamed Aziz, F.Ben Atig, A.Belhadj, M.Naceur, F.Sliti, K.Ghedira, A.Slimane, K.Abderrahmen, S.Bouali, J.Kallel
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Abstract :

Tethered cord syndrome is a spectrum of neurological symptoms due to a constant or intermittent axial traction of the terminal cone of the spinal cord, fixed in abnormal caudal position. It is a rare congenital lesion whose symptoms can be observed only in adulthood. We report the case of a 10-year-old boy with tethered cord syndrome discovered due to bladder and anal incontinence and confirmed by lumbosacral magnetic resonance imaging. He underwent neurosurgical release of the terminal cone by posterior approach. Evolution was marked by improvement of sphincteric disorders. This case study has been followed by a literature review on this subject.

P143- Thoracolumbar fracture on degenerative scoliosis : to fix or to correct

Seddik Akremi, S.Bennour , C. Kamoun , M.H.Sanaa , M.Bellil, M.Ben Salah
Service de chirurgie orthopédique et traumatologique Hôpital Charles Nicolle

Abstract :

Introduction :Thoracolumbar fractures of the spine are common, and their management is well-documented according to different classification systems.

However the occurrence of these fractures in the onset of degenerative scoliosis has not been reported litterature

Case Presentation : We report the case of 73 year old active male who sustained a work injury following a fall from a tree with an estimated height of 2 meters .

He presented initially at a local hospital with multilevel trauma with a hemopneumothorax needing a chest tube and a spinal injury .

the patient was transferred to our departement after 12 days

Initial examination found a bilateral moteur deficit classified as ASIA C

Imaging found a type C fracture of the L1L2 Vertebras according to the AO Classification on a pre existing degenerative spinal deformity with multilevel degenerative disk disease and foraminal stenosis .

Because the patient was a high risk patient and reported no previous complaint related to degenerative disk disease we opted to treat the traumatic lesion alone

The patient benifeted from a laminectomy with long segment fixation .

At last follow up the patient presented with a clean wound and partial neurological recovery He was able to ambulate with aid.

Discussion and Conclusion : Degenerative scoliosis poses a therapeutic challenge especially in older patients

Mangament of these fractures must take in consideration the patient complaints and the comorbidities.

P144- Title : lumbar osteosarcoma a case report and review of literature

Majdouline Barkache, R.Ben fredj , O.Hattab, S.Galaoui, M.chabaane, M.ben Messoud, K.Somrani, ch.abdelileh, H.ben selma, A.maliki, K.iadh
sahloul neurosurgery departement

Abstract :

Introduction: Osteosarcoma is a highly malignant primary bone tumor that predominantly affects the metaphyseal regions of long bones in adolescents and young adults. However, its occurrence in the spine, particularly in the lumbar region, is exceedingly rare.

Case Presentation: We present the case of a 56-year-old male who presented with persistent lower back pain, radiating to the lower extremities accompanied by neurological deficits, including numbness and weakness. Initial imaging studies, including MRI and CT scans, revealed a destructive lesion in the lumbar spine, with evidence of local invasion into adjacent soft tissues. A biopsy confirmed the diagnosis of osteosarcoma.

Treatment: The patient underwent a multi-modal treatment approach, including surgical resection of the tumor, spinal stabilization, and adjuvant chemotherapy.

Discussion: Lumbar osteosarcoma is a rare entity with a poor prognosis due to its aggressive nature and the challenges associated with achieving complete surgical resection.

Conclusion: This case highlights the clinical and therapeutic challenges of lumbar osteosarcoma. Despite its rarity, awareness of this condition is crucial for early diagnosis

P145- Tremor as an Unexpected Presentation of Cervical disc herniation

Ahmed Daoued, A.Trifa, MA. Hadj Taieb, K.Maamri, M.Darmoul
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Abstract :

Cervical radiculopathy often presents with neck pain, sensory disturbances, or motor weakness. This case report describes an atypical presentation of cervical radiculopathy manifesting as dystonic tremor and brachialgia, which has been documented only once previously.

A 54-year-old, right-handed man presented with a dystonic tremor and aching throughout his right upper limb. Magnetic resonance imaging of the cervical spine revealed a disc osteophyte complex at C5/6 causing C6 foraminal impingement bilaterally in addition to a disc osteophyte complex at C6/C7 causing severe bilateral foraminal narrowing. Electromyography showed neurogenic changes consistent with chronic C6/7 radiculopathy. There was no response to numerous medical treatments for his dystonia or brachialgia. Computed tomography-guided right C6 and C7 root block led to complete but temporary resolution of all symptoms, including the dystonic tremor. Definitive treatment consisting of a C5/6 and C6/7 anterior cervical discectomy and fusion led to a complete, immediate, and continued resolution of his right-sided brachialgia and dystonic tremor.

This case highlights the potential of cervical disc prolapse to present with dystonic tremor with the likely mechanism being secondary to the painful radiculopathy and highlights the potential benefits of surgical decompression with this atypical presentation.

P146- ACTIVITE DE L'UNITE DE CHIRIRUGIE VERTEBRALE

Seddik Akremi, A.Abayed , A.Benammou, M.H.Sanaa M.Bellil , M.Ben Salah

Service de chirurgie orthopédique et traumatologique Hôpital Charles Nicolle

Abstract :

Introduction :L'unité de chirurgie vertébrale est un département à part entière visant à optimiser la prise en charge diagnostique et thérapeutique des pathologies rachidiennes, promouvoir la recherche scientifique .

Méthodes :Nous avons recueilli les données de l'unité de chirurgie vertébrale du service de chirurgie orthopédique de l'hôpital Charles Nicolle de Tunis allant de 2019 à 2021 . Nous avons répertorié les patients par le diagnostic, les signes neurologiques, le geste chirurgical, le nombre d'opérateur et le centre d'origine.

Résultats :Nous avons admis 628 patients dont 534 opérés. Nous avons trouvé 282 d'origine traumatique (50%) dégénératives (30%), septique (11%), tumoral (7%) et inflammatoires (2%). Un traitement chirurgical était indiqué : pathologies inflammatoires (100%), traumatiques (90%), septique (90%), tumoral (90%) et pathologies dégénératives (75%). Nous avons pris en charge 60 cas de spondylodiscites infectieuses dont 50% ont été opéré.7% des patients avaient des signes neurologiques .Nous avons reçu des patients de 7 centres hospitaliers. Le nombre d'opérateurs est de huit. Les travaux scientifiques qui ont découlé sont : 5 thèses et 25 travaux internationaux.

ConclusionL'incidence des pathologies et traumatismes du rachis est en augmentation.Nous encourageons les centres à intégrer une unité spécifique de cette chirurgie en particulier et des unités d'hyperspécialisation en général afin de garantir une prise en charge rapide et securisée

P147- Clinical and radiological results of treatment of osteoporotic vertebral fractures with cementoplasty

Akremie Med Seddik, Akremie M.S - Sanna M.H - Ben Ammou A - Bennour S - Bellil M - Ben Salah M
Service orthopédie Charles Nicolle

Abstract :

Introduction:Osteoporotic vertebral fractures are defined as a decrease in the height of the vertebral body following low-energy trauma, or in the absence of trauma.unmanaged or poorly managed, these fractures represent a turning point in the evolution of the elderly, resulting in loss of autonomy and impaired quality of life. The aim of our study is to evaluate the clinical and radiological results of cementoplasty in the treatment of osteoporotic vertebral fractures.Materials and method:This is a retrospective descriptive study conducted over a 7-year period from January 2015 to January 2022 in the orthopedic and traumatological surgery department of Charles Nicole Hospital, involving patients treated with vertebroplasty and/or kyphoplasty for osteoporotic vertebral fractures. Results: Our study included 52 patients, 20 of whom underwent vertebroplasty and 32 kyphoplasty.55 patients showed a reduction in pain postoperatively.2.36/10 VAS pain improvement postoperatively and 3.42/10 at final follow-up.45 patients had a Denis score of less than 3 at final follow-up. Functional assessment at final follow-up showed minimal to moderate disability in 55 patients; radiological reduction in vertebral and regional kyphosis was 7.3° and 4.3° respectively.Conclusion:Vertebroplasty and kyphoplasty represent a reliable technique for the treatment of osteoporotic vertebral fractures, thanks to their rapid analgesic effect, early functional improvement and restoration of spinal statics.

P148- Evaluation de la sexualité après un traumatisme médullaire

Seddik Akremi, A. Abayed, C. Kamoun, M.H.Sanaa, M.Bellil, M.Ben Salah

Service de chirurgie orthopédique et traumatologique Hôpital Charles Nicolle

Abstract :

INTRODUCTION :

Les traumatismes médullaires peuvent s'accompagner de déficits moteurs ou sensitifs, ainsi que de troubles vésico-sphinctériens. Cette étude vise à estimer l'impact sur la vie sexuelle des patients afin de mieux guider la prise en charge post traumatique de ces patients.

MATRIELS ET MTHODES :

Nous avons mené une étude rétrospective à l'hôpital Charles Nicolle sur une période de 5 ans (2018-2022) avec un recul minimum de 1 an. Les performances sexuelles ont été évalué en se basant sur l'âge du patient, les antécédents, le mécanisme, le niveau de la lésion, le score ASIA, le temps de recul, le statut social, l'activité, le score FIM, le score SHIM et l'utilisation des inhibiteurs de la phosphodiestérase (iPDE5).

RSULTATS :

Nous avons inclus 15 patients traumatisés médullaires. Le sex ratio était de 6,5. L'âge moyen était de 47 ans au moment du traumatisme. Les mécanismes étaient une chute d'une hauteur (69%), les accidents de la voie publique (23%), avec un score ASIA moyen C. 86% des patients étaient mariés au dernier recul. Le score SHIM moyen était de 6. Le score FIM moyen était de 56. 0 patients ont eu recours à des iPDE5. La satisfaction subjective des patients était de 2/5 chez 80% des patients.

CONCLUSION :

Le traumatisme médullaire retentit sur la libido et les mécanismes de l'orgasme. Les solutionsmédicales notamment la prise d'iPDES ont un effet limité, mais couplées à une prise en charge psychologique, améliorent la vie sexuelle des patients.

P149- Epidural abcess presented after spine trama

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Neurosurgery Departement CHU Habib Bourguiba

Abstract :

A 11-year-old boy presented with the loss of sensation in his bilateral lower extremities, followed by urinary and fecal incontinence and the loss of strength in both legs that began 3-days ago. His symptoms were preceded by thoracic and lumbar spine pain.

Five days prior to this presentation, the patient had been to the emergency room after a fall from standing. At the time of the fall, the patient had no pain and was neurologically intact on examination by Emergency Department physicians. In light of his unremarkable spine exam, He was discharged directly from the Emergency Department.

His physical examination on initial neurosurgical evaluation was significant for a no sensation to pain or light touch below the T10 dermatome. Motor strength was Grade 0/5 in bilateral lower extremities. No rectal tone was present.

An MRI of the spine with and without contrast was performed, which showed intradural collection from T3 to T5 level.

Given a minimal enhancement of the collection and the patient's history of trauma and lack of constitutional signs, the MRI was most consistent with an intradural hematoma and a low suspicion for an epidural abscess. At this point, it was thought that the patient was presenting with a delayed epidural hematoma requiring emergent surgical evacuation.

Posterior thoracic laminectomies were performed extending from T3 to T6.

Intra operative the collection was found to be a frankly purulent extra dural fluid and not an intra dural hematoma.

P150- Evolving Skull Fracture

Emna Mzoughi, Ghassen Gader, Farah Bahri, Kerima Belhaj Ali, Aziz Bedioui, Iskander Guédiche, Mohamed Zouaghi, Mouna Rkhami, Mohamed Badri, Kamel Bahri, Ihsen Zemmal
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Abstract :

Evolving Skull Fracture

Introduction :

Progressive fractures are unusual complications of skull fractures. They are due generally to a traumatic cause, most often in pediatric population ; occurring before the age of 3.

Case presentation :

we present a 5-year-old child being a victim of severe head trauma at the age of 1, with epilepsy and right hemiparesis as residual effects. Additionally, His injuries over years included also a progressively bone loss . A Cerebral imaging showed an evolving skull fracture with a vertical oblong bone defect. At the first, the patient was operated for only dural plasty without an immediate cranioplasty in the hope of spontaneously fusion of the bone defect. Post-operative management was uneventful. Follow-up at 3 years post-operative, based on clinical and radiological data, showed almost complete closure of the bone defect.

Conclusion :

Pediatric skull fractures are still a major concern in the treatment of childhood head injuries, due to the severity of the functional damage they cause. Early diagnosis with clinical and radiological recognition, and rapid therapeutic management, offer the prospect of significant recovery, both in terms of aesthetics and neurology.

P151- Hematome epidural rétroclival pédiatrique isolé suite à un traumatisme crânien : à propos d'un cas et revue de la littérature

Ghassen Souissi, Mehdi Borni, Marwen Taallah, Mohamed Zaher Boudawara
CHU Habib Bourguiba sfax

Abstract :

Les hématomes clivaux post-traumatiques sont une entité rare touchant presque exclusivement la population pédiatrique. Ceux de localisation rétroclivale sont exceptionnellement rares. Cette entité a été décrite pour la première fois en 1941 par Coleman et Thomson, et depuis moins de 30 cas ont été rapportés dans la littérature. Cliniquement, ces hématomes sont le plus souvent silencieux et lents, mais l'aggravation clinique peut être brutale et rapidement fatale par la survenue d'une hydrocéphalie obstructive en l'absence de traitement rapide.

Ici, les auteurs rapportent un nouveau cas d'hématome épidural rétroclival post-traumatique pédiatrique suite à un traumatisme crânien bénin chez un patient de 03 ans avec des suites simples. Les auteurs procéderont à une revue de la littérature concernant la physiopathologie et les mécanismes de survenue de telles lésions post-traumatiques.

P152- Hématome intracérébral chronique post-traumatique encapsulé et calcifié mimant un hémangioblastome. supratentoriel: à propos d'un cas et revue de la littérature

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CHU Habib Bourguiba sfax

Abstract :

tant donné que les hématomes intracérébraux encapsulés chroniques représentent un type rare d'hématome, ils ont tendance à être confondus avec des abcès ou des tumeurs. L'étiologie de ces hématomes n'est pas encore claire, bien qu'ils aient été principalement liés à des malformations artério-veineuses, des cavernomes et des traumatismes crâniens. L'évacuation chirurgicale est efficace pour améliorer les symptômes neurologiques avec un bon pronostic. Cependant, la lésion peut être difficile à diagnostiquer.

Ici, les auteurs rapportent un cas d'hématome intracérébral chronique encapsulé et calcifié suite à des traumatismes crâniens bénins récurrents imitant un hémangioblastome supratentoriel chez une patiente de 26 ans non tarée présentée pour une augmentation progressive de la pression intracrânienne et une lourdeur de l'hémicorps gauche avec des suites opératoires simples.

P153- Pediatric traumatic brain injury in high-income developing countries: experience at a level 1 neuro-trauma center

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Abstract :

Background: Data on incidence, prevalence and mortality of pediatric Traumatic Brain Injuries in developing countries is not readily available or not exist. Aim: To identifying the consequences of TBI in pediatric patients in high-income developing countries.

Methods:A retrospective study was conducted were pediatric cases presented to Khoula Hospital (KH) with TBI between January 2015 and December 2019 were reviewed. Data collected included the patients' demographics, neuro-vital signs, mechanism of TBI and treatment types. Radiological images were screened, and patients classified according to the type of intracranial hemorrhage. GCS on discharge, short-term outcomes and long-term outcomes were recorded.

Result:Nine hundred and eighty-five cases with TBI were admitted over the period of five years. The average age was 53.3 months (SD 39.4). Male gender accounted for 63.7% of the cases. The most common mechanisms of injuries were falls and RTA/MVC (63.3%, 18.3%) respectively. Nausea and vomiting followed by altered consciousness and drowsiness were the commonest presenting symptoms. Mild TBI accounted for (85.2%) of the cases and the majority (92.08%) were treated conservatively (p <0.005).

Conclusion:The current article showed that children less than 4 years of age were highly affected by TBI. This study gives emergency physicians and neurosurgeons in developing countries an expectation about TBI in pediatric cases and the immediate management to prevent complications

P154- Resolution of post-traumatic venous sinus thrombosis after decompressive craniectomy: a case report and review of the literature.

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Abstract :

While cerebral venous sinus thrombosis (CVST) can arise from various causes, its occurrence following a closed head injury is rarely reported. We present a clinical case from the neurosurgery department at Fattouma Bourguiba Hospital in Monastir, involving a 22-year-old male patient who developed thrombosis of the sigmoid sinus and left jugular vein secondary to a left occipital fracture that extended to the superior sagittal sinus. Initially, the patient had a Glasgow Coma Scale (GCS) score of 15/15, with no motor deficits on examination. His neurological condition deteriorated, and he experienced generalized tonic-clonic seizures. A subsequent brain scan revealed an acute left hemispheric subdural

hematoma, causing brain compression and a midline shift. Emergency decompressive craniectomy was performed, after which the patient gradually improved, regaining consciousness, mobility, and mental clarity, with resolution of CVST demonstrated on angio CT scan. It is crucial to consider sinus thrombosis as a potential diagnosis following a closed head injury, and surgical decompression may be necessary for patients whose symptoms worsen despite conservative treatment.

P155- Risk factors for recurrence of operated Chronic Subdural Hematoma

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Abstract :

Chronic Subdural Hematoma (CSH) is a blood-thin collection, developing at the level of virtual subdural space, dating from one to four weeks. It is a classically benign pathology, which affects mainly the elderly. The aim of our work was to analyze the epidemiological, etiological, clinical, radiological and evolutionary aspects of HSDC and to identify the predicting factors for recurrence

We carried out a retrospective study, spread over a period of five years from 2016 to 2021, of 125 patients operated for CSH in the department of neurosurgery of Military Hospital of Tunis.

Postoperative complications were dominated by recurrence (13.6%), infection (5.6%), compressive pneumencephaly (4.8%), epilepsy (2.4%) and acute subdural hematoma (1.64%). The outcome was favorable in 67.2% of cases. Age75 years (p=0.015), taking anticoagulant / antiaggregant therapy (p=0.004), presence of partitions (p=0.001) and duration of drainage less than 24 hours = 0.006) were identified as predictive factors for recurrence of operated CSH. The use of antiaggregant or anticoagulant therapy was identified as a factor independently correlated with the reccurrence of operated CSH (p = 0.000). CSH is a frequent neurosurgical emergency in the elderly. Knowledge of the predictive factors for recurrence of CSH is of major interest since it makes it possible to compensate for these factors and thus improve the management and prognosis of this disease.