diagnosed at a late stage because of its nonspecific and varying symptomatology, specifically in immuno-supressive patients. Early diagnosis and treatment is the key to prevent more serious central nerves system complications. Methods: We report the case of a 80-year-old man with a 2 month history of retroorbital pain before he developed a subacute cavernous sinus syndrome, with 3th cranial nerve palsy and right-sided painful ophthalmoplegia. Patient was on immune suppression therapy for chronic lymphocytic leukemia. Neuroimaging including CT scan and MRI suggested a malignant tumor involving the sphenoid sinus with extention to cavernous sinus-orbital ape. Results: The diagnosis of aspergillosis was made trans-sphenoidal approach and by histopathological examination. Soon after surgical drainage of the sphenoid sinus and systemic anti-fungal drug therapy, Both retroorbital pain resolved and cavernous sinus syndrome slowly start to recover. Conclusions: This case emphasizes the fact that invasive isolated sphenoid sinus aspergillosis must be considered in the list of lesions causing sinus cavernous syndrome and particularly in immune suppressed patients. Early diagnosis is the key to prevent more serious central nerves system complications.

P.139

Cerebral toxoplasmosis in an HIV-negative patient

E Liu (Saskatoon) P Kakodkar (Saskatoon) P Toyota (Saskatoon) N Pendleton (Saskatoon) A Persad (Saskatoon) V Zherebitskiy (Saskatoon) C Hamula (Saskatoon) RN Auer (Saskatoon) K Vats (Saskatoon) L Hnenny (Saskatoon) J Radic (Saskatoon)*

doi: 10.1017/cjn.2023.227

Background: Toxoplasma gondii is a protozoan parasite with the ability to infect any nucleated cell in humans. Most immunocompetent infected individuals are asymptomatic. Latent toxoplasma can become reactivated in immunocompromised individuals though this is exceptionally rare in HIV-negative individuals. Methods: We present the case of a 47-year-old male with chronic immunosuppression secondary to marginal zone lymphoma and steroid therapy. Results: The patient presented to hospital with a 1-week history of word-finding difficulties, intermittent right facial numbness and leg weakness, and tonic-clonic seizures. CT head showed a left temporal heterogenous mass measuring 2.8 × 2.8 × 3.5 cm. Biopsy of the lesion showed Multiple tachyzoites and rare bradyzoites with strong positivity for the toxoplasma specific immunostain. The patient was treated with trimethoprim/sulfamethoxazole which resulted in complete neurologic recovery. Conclusions: Our literature review included 32 cases of cerebral toxoplasmosis in HIV-negative patients with an overall mortality rate of 48%. Cerebral toxoplasmosis has a predilection for immunosuppressed patients with an underlying hematologic malignancy (74%, n= 23). Successful treatment requires early recognition of the disease and prompt treatment with sulfamethoxazole and trimethoprim, pyrimethamine, or sulfadiazine. Patients who recover from acute toxoplasmosis should remain on lifelong suppressive antibiotic therapy to prevent relapse.

P.140

Illustrated case report: CSF shunt peritoneal catheter obstruction due to omental adhesion and fat stranding

AS Albeshri (Jeddah) H Khayat (Hamilton) M Kessrwan (Hamilton) E Yasuda (Hamilton) WA Alsunbul (Hamilton) K Reddy (hamilton) J Moore (Hamilton)*

doi: 10.1017/cjn.2023.228

Background: CSF shunt obstruction secondary to omental adhesion alone, without cyst or pseudocyst formation, is rarely reported in the literature. Here we present a case of distal catheter obstruction due to omental wrapping with an atypical presentation of shunt failure. CT imaging demonstrated omental stranding. The shut revision was entirely laparoscopic. The case is supplemented with intraoperative images. Methods: Chart review and literature search. Results: 33-year-old female with right-sided cystoperitoneal shunt for posterior fossa arachinoid cyst who presented to ED with a picture of a surgical abdomen suggestive of acute cholecystitis. Interestingly, this patient had a gallbladder removed a year ago. CT abdomen showed non-specific findings of omental fat stranding around the tip of the catheter. Although this patient had no headache or any neurological symptoms, CT brain was done and showed increase in the cyst size. Diagnostic laparoscopy showed Intraoperative findings suggestive of active omental role in the aetiology of this shunt malfunction. After adequate adhesiolysis, the catheter was noted to be working and dripping CSF and repositioned into the peritoneal cavity. Conclusions: Shunt malfunctions due to omentoperitoneal adhesion is rarely reported but may in fact be under-recognized. This requires high index of suspicion especially in case of equivocal imaging.

P.141

The value of using flash visual evoked potentials monitoring during minimally invasive endoscopic meningioma resection: a retrospective chart review

*M Almarwani (Ottawa) R Ochoa-Sanchez (Ottawa) S Alsayadi (Ottawa) G Oumarou (Ottawa) S Kilty (Ottawa) F AlKherayf (Ottawa)**

doi: 10.1017/cjn.2023.229

Background: Endoscopic endonasal surgeries performed in areas involving the visual pathway are associated with postoperative visual dysfunction. We previously demonstrated that continued eye monitoring during surgery by flash visual evoked potential (FVEP) represents a good method to prevent/reduce visual deficit post-surgery. We wondered whether FVEP monitoring may be more beneficial in patients with meningioma, strongly associated with postoperative visual loss.

The aim was to explore the visual capacity in patients subjected to meningioma resection at The Ottawa Hospital. Methods: A retrospective chart review of patients who underwent minimally invasive endoscopic skull base surgery and FVEP monitoring for meningioma resection (July 2018 to present) was conducted. Only patients with available pre- (up to 3 months)