on CTA can reliably exclude aneurysms in patients with acute SAH. *Materials and Method:* We conducted a retrospective analysis of all DSA performed from August 2010 to July 2014 in patients with various indications. We selected patient who presented with SAH and had a negative CTA. Findings of the CTA were compared with DSA. *Results:* 857 DSA were performed during the study period. 51(5.95%) patients with SAH and negative findings on CTA who underwent subsequent DSA were identified. Of these, only 3(5.9%) of patients had positive findings on the DSA. One patient had a posterior inferior cerebellar artery aneurysm on the DSA, not seen on CTA due to the incomplete coverage of the head. Second patient' CTA did not show any evidence of aneurysm. DSA showed suspicious dissection of the right vertebral artery, potentially iatrogenic. The third patient's DSA showed suspicious tiny protuberance from left ICA, possibly infundibulum. *Conclusion:* In patients with SAH, negative CTA findings are reliable in ruling out aneurysms in any pattern of SAH on CT.

## P.090

### Carotid artery occlusion secondary to retropharyngeal abscess treated with endovascular carotid sacrifice

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doi: 10.1017/cjn.2015.198

*Introduction:* Carotid occlusion is a rare but serious complication of retropharyngeal abscess (RPA). Management questions that must be addressed include the choice between reconstruction and occlusion in the setting of an active infectious process. *Case Report:* A 4 year old female presented with hoarseness, shortness of breath, and a right-sided Horner's syndrome. A CT scan confirmed the diagnosis of RPA, and contrast studies showed no filling in the right internal carotid artery (ICA). Surgical exploration of the abscess disrupted the occluded artery, causing deep, uncontrolled bleeding. Emergent angiographic evaluation was completed, and the decision was made to sacrifice the ICA. The patient recovered on antibiotics, but the Horner's syndrome persisted. **Discussion:** The presence of a carotid artery occlusion must be ruled out in the setting of a RPA. When suspected, it should be investigated further. Therapeutic decisions regarding sacrifice or reconstruction of the carotid artery are burdened by risks associated with the setting of an infection, notably infection and systemic dissemination. *Conclusion:* The presence of a carotid occlusion is a serious complication resulting from a RPA that can lead to permanent neurological deficit. Endovascular vessel sacrifice is a viable treatment option for carotid occlusion in the setting of a retropharyngeal abscess, but must be considered on a case-by-case basis.

# Neurosurgery (Neuro Oncology)

## P.091

### Factors associated with improved RCT impact and quality in neuro-oncology

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doi: 10.1017/cjn.2015.199

*Background:* Deficiencies in design and reporting of randomized controlled trials (RCTs) limit their validity. The quality of recent RCTs in neuro-oncology was analyzed to assess adequacy of design and reporting. *Methods:* The MEDLINE and EMBASE databases were searched to identify non-surgical RCTs (years 2000-2010). The CONSORT and Jadad scales were used to assess the quality of design/reporting. A PRECIS-based scale was used to designate studies on the pragmatic-explanatory continuum. Spearman's test was used to assess correlations. Regression analysis was used to assess associations. *Results:* Overall, 44 RCTs were identified; majority (23 studies) were chemotherapy-based. High grade gliomas (43%) and metastases (41%) were top pathologies. The majority of studies were multi-center (70%), ITT (61%), and did not collaborate with biostatisticians (70%). Half of the studies were funded by industry (50%). The median CONSORT and Jadad scores were similar in radiation and chemotherapy-based trials (34 and 35 vs 3 and 2, respectively). The impact factor was significantly associated with higher quality ($p<0.01$). Multi-center trials were more likely to result in positive outcomes ($p = 0.02$). *Conclusion:* Deficiencies in the quality of design and reporting of RCTs in neuro-oncology persist. Quality improvement is necessary. In parallel, alternative strategies may be required.

## P.092

### Midline skull tumors

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doi: 10.1017/cjn.2015.200

*Introduction:* Variety of tumors could involve the skull; however, very few may occur over the midline. Some may affect venous blood flow of superior sagittal sinus. Few challenging cases are presented *Material:* 1-Rare case of osteoblastoma over the torcula, (headache, visual symptoms, papilledema, VI nerve palsy). 2- Rare case of metastatic liposarcoma involving midsagital sinus, partially occluding it (headache and visual blurring). 3- A huge atypical (grade2) meningioma over the vertex *Method:* Case #1, the tumor over the venous confluences (torcula) was removed easily, without any complications. Complete resolution of symptoms Case #2, complete en-block resection of tumor, with sacrifice of mid-sagittal portion of sinus, without any neurological sequellae. Case #3, subtotal resection, followed by radiotherapy.

**Discussion &** *Conclusion:* Anterior 3rd of sagital sinus could be sacrificed (if necessary), without major consequences. However, whenever mid or posterior portion of the sinus is involved, interruption of venous flow could pose very serious complications. Occasionally, chronic compression of sinus may force increasing collateral