

surgeries. *Results:* 14 surgeries were performed in 11 patients (three patients had bilateral SSCD). Most patients were males (82%). Age range was 32-68 years. Surgeries were done by a team of a neurosurgeon and a neuro-otologist. Localization of SSCD was done using stereotactic guidance. Five layers' reconstruction was performed in all patients. All patients had significant improvement in symptoms without sensorineural hearing loss. None of the patients developed post-operative hematoma, infection, seizures, CSF leakage or facial palsy. LOS was 1-2 days. *Conclusions:* MCF with multi layers reconstruction should be considered as a safe and effective approach in severely symptomatic patients. We demonstrated that this approach has minimal risks especially in regards to sensorineural hearing loss.

P.012

Treatment and long-term follow-up of primary CNS classical Hodgkin's Lymphoma – a case report and review of the literature

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doi: 10.1017/cjn.2017.97

Background: Unlike non-Hodgkin's lymphoma, central nervous system involvement with classical Hodgkin's lymphoma is exceedingly rare, thus information regarding treatment and prognostication of the disease is lacking. *Methods:* This case report was prepared using hospital charts, and PubMed for the literature search. Our case was compared and contrasted against similar cases in the literature. *Results:* We present the case of a 47 year old female who presented with a left parietal dural-based lesion which proved to be Stage IE primary CNS classical Hodgkin's lymphoma. After surgery and whole brain radiation therapy, the patient has remained in complete remission over nine years. *Conclusions:* Despite the dearth of information available regarding CNS Hodgkin's lymphoma, our case is consistent with the findings in the literature that long-term survival is possible in patients achieving a complete response to treatment, especially in those patients who present with sole CNS involvement. To our knowledge, this represents the longest reported survival in the literature and contributes to our understanding of prognosis in patients with CNS Hodgkin's lymphoma.

P.013

Delaying CT Venograms in patients with skull base fractures improves the sensitivity of screening protocols: report of a case with delayed onset

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doi: 10.1017/cjn.2017.98

Background: Cerebral venous sinus thrombosis (CVST) is a possible complication of closed head trauma with reported devastating outcomes. Its incidence however is unclear but believed to be frequent in patients with skull base fractures. The natural history of this under-recognized entity is not yet described, but a sensitive screening method is required to definitively address this question. *Methods:* Case report with literature review. *Results:* We report the case of a patient that sustained a severe head injury as the pedestrian in a motor vehicle accident. The patient required a craniectomy to evacuate an acute subdural hematoma. Post-operatively, a CT veno-

gram was performed and showed patent venous sinuses. A few days later, a double order resulted in a CTV being repeated erroneously but revealed the interval development of significant thrombosis of his left transverse sinus extending to his left internal jugular vein. We report on this patient's outcome and follow-up. *Conclusions:* Further understanding of sinus thrombosis in the setting of TBI is warranted. The natural history is unclear, and most cases are discovered once symptomatic or after developing complications. Our case shows that current protocols have the potential of missing significant cases and study into the optimal timing of imaging is necessary.

P.014

The natural history of third ventricle colloid cysts includes asymptomatic regression: a report of two cases and review of the literature

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doi: 10.1017/cjn.2017.99

Background: Colloid cysts of the third ventricle are a rare entity with an unclear natural history. Although intervening in the setting of a symptomatic patient is fairly straightforward, decision-making for asymptomatic patients is not. Few studies address this question and proposed risk factors for cyst progression vary. A cyst diameter exceeding 1 cm is a common indication for surgery. This is rooted in the belief that the natural history is continued growth. A few cases have recently surfaced that suggests some cysts may spontaneously regress without complication. We describe our experience with two such cases and contrast it with those of others. *Methods:* We collected all cases of "colloid cysts" identified as incidental findings on Brain CT scans in a large urban center with available follow-up. We then conducted a comprehensive review of the literature. *Results:* Among all incidental cases from our database, none required surgery and two were found to decrease in size on neuroimaging surveillance with interesting evolution in MRI signal characteristics. These cysts remain asymptomatic at last follow up. *Conclusions:* The natural history of colloid cysts includes spontaneous regression. This should be mentioned in counseling asymptomatic patients.

P.016

Early telephone follow-up for traumatic brain injury patients using the Rivermead post-concussion symptoms questionnaire

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doi: 10.1017/cjn.2017.101

Background: Patients who require hospitalization for a mild or moderate traumatic brain injury (TBI) are often discharged home with uncertainty around their full recovery. This study examines the frequency and severity of common post-TBI symptoms, as assessed by the Rivermead Post-Concussion Symptoms Questionnaire (RPCQ). *Methods:* All adult TBI inpatients discharged home from the Neurosurgery service were interviewed by phone at two weeks by a rehab-based nurse practitioner. RPCQ components (cognitive, emotional, and somatic) were analyzed; findings and management recommendations were communicated to family practitioners and the