

patients allocated into three equal groups to receive either sevoflurane ($n = 22$), desflurane ($n = 22$), or propofol ($n = 22$). Standard anesthesia protocol was followed. Patients with preoperative MMSE ≤ 23 were excluded. Each patient was assessed thrice with battery of cognitive tests in preoperative period (baseline), after 72 hours (early POCD), after 3 months (delayed POCD) of surgery. Serum levels of IL-6, TNF- α , and S-100 β were measured before surgery and 72 hours after surgery.

Results: Mean score of various psychometric tests was improved slightly in early postoperative period which was not significant ($p > 0.5$). In delayed postoperative period, there was significant improvement in cognitive scores as compared with baseline ($p < 0.5$) in all the groups. There was nonsignificant change in the levels of biomarkers S-100 β , TNF- α , and IL-6 between baseline and postoperative period in all the groups.

Conclusion: In young patients, there is no effect of anesthesia on postoperative cognitive functions. As far as inflammatory markers are concerned, they do not relate to patient's cognitive status.

Keywords: anesthesia, sevoflurane, desflurane

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A041 Clinical Presentation and Outcome of Midline Posterior Fossa Tumors: A Single Center Prospective Observational Study

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Introduction: Posterior fossa tumors constitute 50% of childhood brain. Medulloblastomas are the most common midline posterior fossa tumor in childhood. This study is designed to determine the frequency and types of midline posterior cranial fossa tumors and study the different clinical presentation of these tumors, surgical complications, and final outcome as measured by the Karnofsky performance scoring.

Methodology/Description: After permission from ethics committee, the study was performed as a prospective observational study on 60 patients admitted from March 2015 to March 2017 and operated for midline posterior fossa tumors, at the KIMS Hospital, Secunderabad. The data were entered on the predesigned form. Descriptive statistics were used for demographics. Data were analyzed using the EXCEL and SPSS softwares.

Results: The gender distribution was 38 male and 22 female patients with equal adults and children. Maximum

belonged to the age group of 0 to 12 years. Of these, 52 patients presented with headache and 40 had vomiting. Blurring of vision was seen in 22 patients. Most common midline posterior fossa tumor was medulloblastoma. Postoperative hydrocephalus and seizures were seen in six patients. Out of 60 patients, 12 patients had poor outcome versus 48 patients with good outcome on the Karnofsky performance status.

Conclusion: Midline posterior fossa tumors were more common in males. Symptoms of raised ICP and cerebellar symptoms were most common presentations. Headache and histopathology of tumor: high grade or low grade shows statistically significant correlation with outcome of patients as measured with the Karnofsky performance scoring. As our study was of small duration, long-term study can give better results

Keywords: Karnofsky performance scoring, medulloblastomas, midline posterior fossa tumor

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A042 Setting Up an Intraoperative MRI Suite: Our Experience

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Introduction: The advent of intraoperative magnetic resonance imaging (IOMRI) represents a substantial improvement in ensuring complete removal of intracranial lesions but poses specific challenges to the neurosurgical OT team.

Methodology/Description: This observational study was conducted to assess our learning curve of resource utilization and conduct of 3T-IOMRI at our hospital for the first month. Every time we performed an IOMRI, we collected data and noted mistakes and processes we could improve next time. Data collected included time required to move patients into the MRI room and back to OT, number of personnel required, changes made to our checklist, and standard operating procedures for equipment utilization and patient transfer. We also collected data regarding number of patients with residue who underwent resurgery, quality of scans, and surgeon satisfaction.