

### OP-055 GIANT DERMOID TUMOR OF AN ADOLESCENT AT POSTERIOR FOSSA

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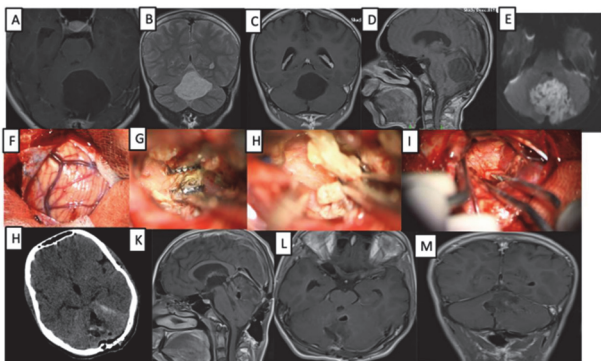
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**Aim** Dermoid tumors are uncommon intracranial tumors that grow slowly and typically manifest in individuals aged between their third and fifth decade. Dermoid cyst is an uncommon ectoderm originated benign cyst. Giant dermoid cysts are more rare, especially in the posterior fossa. Although intracranial dermoid cyst may commonly occur in the cerebellopontine angle and chiasma opticum, it can be detected in cerebral hemispheres as well as intraventricular area. Here, we present a case involving a fourteen years old congenitally deaf and mute patient with edited operation video.

**Material and Method** The patient was fourteen years old and was deaf and mute from birth. There were complaints of headache, vomiting, and imbalance that gradually increased in recent months. In the MR imaging examination; A calcified, cystic mass measuring 5.2 x 4.8 x 3.8 cm, compressing the brainstem and the 4th ventricle, was revealed in the posterior fossa (figure 1A–M).

**Results** When the patient's MRI examinations are examined; The temporal horn of the ventricle became prominent and hydrocephalus began. The patient underwent surgery in the prone position and total mass resection surgery was performed with posterior fossa craniotomy. There were also strands of hair in the mass. In many surgeries, mass excision surgery is performed after ventriculo-peritoneal shunt or external ventricular drainage. In our case, emergency mass removal surgery was successfully performed without the need for these different surgeries, and it was observed that the hydrocephalus disappeared in the postoperative period. The histopathological diagnosis of the patient was defined as dermoid cyst.

**Conclusions** Posterior fossa tumors are generally primary in the pediatric age group, unlike adults, and metastasis is not observed. In adults, posterior fossa tumors are considered metastases until proven otherwise. Dermoid tumors are very rare. The mass pressing on vital organs (Pons, mesencephalon) and causing hydrocephalus by obstructing the 4th ventricle



**Abstract OP-055 Figure 1** Preoperative, intraoperative and postoperative images (figure 1). A- Preop Axial MRI B, C- Preop Coronal MRI D-Preop Sagittal MRI E- Preoperative Diffusion MRI F- Intraop Figure G-Intraop Figure (strand of hair) H- Intraop Figure (Tumor Mass) I- Intraop Figure (Total excision of the mass) H- Postop CT K- Postop Sagittal MRI L- Postop Axial MRI M- Postop Coronal MRI.

requires urgent removal of the mass. In our case, although there was the beginning of hydrocephalus, the mass was completely removed and hydrocephalus was prevented without the need for ventriculoperitoneal shunt placement.

### OP-056 THE IMPACT OF TIME TO ANTIBIOTIC ADMINISTRATION IN FEBRILE NEUTROPENIA

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**Aim** Febrile neutropenia (FN) is a common cause of mortality and morbidity in children with cancer, which necessitates prompt antibiotherapy. Antibiotic administration within one hour is recommended and accepted as a quality-of-care measure in developed countries. The goal of this study is to assess the impact of time to antibiotic administration (TTA) on the prognosis of febrile neutropenia in children treated for cancer in Istanbul.

**Material and Method** The patients with chemotherapy-associated FN between the ages of 1 month and 18 years in our center were prospectively recruited. TTA was recorded as the time from the beginning of FN symptoms to hospital admission (TTA1), the time from hospital admission to antibiotic initiation (TTA2), and the time from the beginning of FN symptoms to antibiotic initiation (TTA3). We also examined the correlation between treatment failure and TTA as well as other study variables of FN.

**Results** Eighty-one FN episodes in 40 patients were included. The median values for TTA1, TTA2, and TT3 were 176, 120, and 195 minutes, respectively. TTA was found to be ≤60 minutes only in 16% of the episodes. Hospitalized patients or cases without a defined focus of infection had a greater rate of antibiotic initiation within an hour. The median TTA initiation was substantially shorter in treatment-failed episodes.

**Conclusions** Surprisingly, patients who received antibiotics faster had a higher rate of treatment failure, contrary to expectations. The unfavorable clinical and laboratory characteristics seen at admission in our study may be the cause. In addition, our study's TTA was longer than recommended in current guidelines. Real-life data and idealized situations differed significantly from each other, and this discrepancy was ascribed to large metropolitan centers' traffic-related delays. Educational programs for both families and healthcare professionals are recommended to optimize TTA and, consequently, improve outcomes in febrile neutropenia.

### OP-057 COMPARISON OF ISCHEMIA-MODIFIED ALBUMIN LEVELS IN CHILDREN WITH BRONCHOPNEUMONIA AND BRONCHIOLITIS

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**Aim** Bronchiolitis and bronchopneumonia are important causes of hospitalization in children. Many biomarkers are used in