There was a significant difference between the groups throughout the study period.(P< 0.01). However, the increase of tABP from d1-3 within each group did not show any significant difference.

Conclusion: This study shows that the background activity is dependant on GA from birth and that the changes with time after birth are independent GA.

568

IS THE TORONTO SCORING SYSTEM USEFUL FOR MONITORING THE PROGRESS OF RADIAL NERVE PALSY IN NEWBORN BABIES?

A. Raina[1], M. Sarwar[1], N. Edi-Osagie[1], S. Victor[2]

[1]Newborn Intensive Care Unit, Central Manchester Foundation Trust, [2]Developmental and Regenerative Biomedicine Research Group, University of Manchester, Manchester, UK

Introduction: The Toronto scoring system is used commonly for brachial plexus injuries by physiotherapists and its role in radial nerve palsy is indeterminate.

Aim: To determine if the Toronto scoring system is useful for monitoring the progress and predicting the prognosis of radial nerve palsy.

Methods: The Toronto score assessment for radial nerve palsy was based on the range of motion achieved at the elbow, wrist and finger joints with and without gravity eliminated. Flexion and extension was assessed at each joint and scored from zero (no contraction) to two (full motion).Four term babies born at St. Mary's Hospital, Manchester with isolated radial nerve palsy were reviewed at birth by paediatric physiotherapists. They were given a Toronto score at initial assessment. Subsequently they were reviewed 1-2 weekly and evaluated using the Toronto scoring system. A final evaluation was done prior to discharge.

Results: The Toronto score pre-treatment ranged from 2.3 to 4.9. All four babies received physiotherapy. Physiotherapy was provided with thermoplastic splints for 2 babies and no splints for the remaining two. The Toronto score at the end of 5 weeks of treatment was 10 in three babies. One baby had a Toronto score of 9.3 at 4 weeks of age, when the baby was lost to follow-up.

Conclusion: Toronto score is a useful for monitoring the progress of radial nerve palsy. But in our small series of four patients a low Toronto score at initial assessment did not predict time to recovery.

569

SINGLE CENTER LONG TERM FOLLOW-UP OF SUPRATENTORIAL ARACHNOID CYSTS IN CHILDREN

L. Thewissen[1], L. De Jong[2], E. Ortibus[3], F. Van Calenbergh[2], G. Naulaers[1]

[1]Neonatology, [2]Neurosurgery, [3]Paediatric Neurology, University Hospitals Leuven, Leuven, Belgium

Background and aims: Data on long-term follow-up of supratentorial arachnoid cysts in patients treated conservatively are limited. The perspective of this study was to evaluate the age at diagnosis (prenatally, < 1 y, 1-18 y) and long-term educational follow-up of the children diagnosed with a supratentorial arachnoid cyst in our institution. Surgery was restricted to cases with progressive hydrocephalus or intracranial hypertension.

Methods: We retrospectively identified 60 (m 38/f 22) patients between 1984 and 2010 with the diagnosis of a supratentorial arachoid cyst (prenatal 20%, < 1 y 27%, 1-18 y 53%). We found educational follow-up in 55 cases.

Results: Cysts were classified in 5 groups: sylvian (47 %), midline (25%), suprasellar (10%), choroid fissure (8%), other (10%) . Associated structural brain anomalies were documented in 13 %. Most prevalent were sylvian left cysts (27 %). Sylvian cysts were diagnosed in 75% after 1 year. Midline and suprasellar cysts accounted for 83 % of cysts diagnosed prenatally. Mean follow-up was 74 months. 45% received surgery. 62 % of patients were able to follow normal education, 34% needed education with special needs (73% of the midline cysts). 4% had multiple disabilities and needed daycare for the mentally disabled.

Conclusions: Location of supratentorial arachnoid cysts differs with time of diagnosis through paediatric life. Late diagnosis (>1 y) is associated with better educational outcome, independent of the need of surgery. Although the prognosis of supratentorial arachnoid cysts is good with a more conservative follow-up, normal education was not reached in 38%.