

and hematoma internal membrane removal are the risk factors of unfavorable outcome in patients ≥ 75 years old.

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PS103

The frequency of MINS (Myocardial Injury after Noncardiac Surgery) and others postoperative complications in different age groups of elderly patients who underwent endovascular aortic repair because of abdominal aortic aneurysm

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Aim: The aim of our study was to estimate frequency of MINS and others complications after endovascular aorta repair because of AAA in different age groups.

Introduction: Nowadays, endovascular aneurysm repair (EVAR) is the most common technique for repair of abdominal aorta aneurysm (AAA). This procedure involves less complications than open surgery, nevertheless they still occurs.

Methods: The study group consisted of 143 patients (85.3% men), aged 76.8 ± 7.7 with AAA who had endovascular aneurysm repair between January 2015 and May 2017 in the Department of Vascular Surgery and Angiology. Patients were divided into two groups depending on age: group I ≤ 75 years (60 patients, aged 69.3 ± 4.5), group II > 75 yrs (83 patients, aged 82.2 ± 4.2). We considered coexistent diseases, some laboratory tests and Revised Cardiac Risk Index for Pre-Operative Risk (Lee index). Statistical analysis was performed with U Mann-Whitney and Chi2 tests.

Results: The study groups were comparable regarding the coexistent diseases and preoperative risk. Older patients had higher mean creatine level on admission than younger patients (group I: 103.29 ± 84.10 vs. group II: 118.5 ± 61.9 $\mu\text{mol/l}$, $p < 0.005$) and lower eGFR (80.6 ± 27.6 vs. 61.61 ± 21.9 vs. 1.73 ml/min/m^2 , $p < 0.001$). The mean concentration of haemoglobin and amount of white blood cells were also lower in elderly patient (13.19 ± 1.93 vs. 12.9 ± 18.3 g/dl , $p = 0.01$; 8.23 ± 2.74 vs. $7.49 \pm 2.7 \times 10^3/\mu\text{l}$, $p = 0.04$).

Frequency of some complications such as acute kidney injury, pneumonia, sepsis, stroke or intrahospital mortality were similar in both groups.

However, we observed a statistically significant difference in the frequency of MINS (26.67% vs. 45.78%; $p = 0.04$). Older patients also needed red blood cells concentrate transfusion after surgery more often than younger (6.67% vs. 19.28%; $p = 0.03$).

Conclusion: MINS is the most common complication after EVAR. Age seems to be a significant feature which increases the frequency of MINS in compared groups despite similar coexistent diseases and preoperative risk assessment determined by Lee index.¹⁻³

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PS210

Evaluation of clinical characteristics as indicators for shunt procedure in patients with medulloblastoma



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Aim: Determining clinical characteristics and parameters reliable as predictors of the need for the shunt installation and their relation to the treatment outcome.

Introduction: Medulloblastoma represents the most common pediatric tumor, that most frequently involves posterior cranial fossa and often manifests as hydrocephalus. Current therapy involves tumor excision and posterior cranial fossa decompression, with or without temporary external drainage of cerebrospinal fluid, endoscopic ventriculocisternostomy and ventriculoperitoneal (VP) shunt placement.

Methods: This retrospective study included 36 patients treated in the period from January 1st 2007 to December 31st 2015 in the Clinic of Neurosurgery, Clinical Center of Serbia. Basic demographic data, symptoms and signs at admission, degree of tumor resection and disease outcome information were analyzed.

Results: 22 patients (61.1%) were male and 14 (38.9%) were female, most of them 4–14 years old (58.3). Sex and age showed no significant correlation with VP shunt installation, or timing of shunt installation. VP shunt was installed in 92% of patients, in 33.3% prior to and in remaining after surgery. The most frequently observed symptoms on admission were cerebellar symptomatology (91.2%), headache (75.7%) and vomiting (68.5%), which showed no significant correlation with the VP shunt installation and shunt installation timing. In 83% of patients total resection was achieved. The degree of tumor resectability and VP shunt installation were significantly related ($p < 0.001$). Correlation among shunt installation and treatment outcomes, as well as the shunt installation timing and outcome showed a statistical significance ($p < 0.001$).

Conclusion: No clinical characteristics reliable as prognostic parameter for VP shunt installation in medulloblastoma patients have been found. Shunt placement is recommended in all cases of incomplete tumor resection, unless already placed preoperatively. Patients with a shunt placed prior to surgery have had significantly better outcome.¹⁻³⁵

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