**POSTER PJ098**

**Spinal Dural Arteriovenous Fistula – Not An Uncommon Disease Entity?**

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Spinal dural arteriovenous fistulas are rare lesions and present with non-specific symptoms. A spinal fistula is often not suspected when the patient first presents.

Materials and Methods: We review 4 patients diagnosed with spinal dural arteriovenous fistula between January and June 2006 who were referred to the radiology department for spinal angiography.

Results and Discussion: A total of 4 patients were diagnosed with spinal dural arteriovenous fistula within a short interval between January and June 2006 in SGH. Spinal fistulas may not be a rare condition and could be unrecognized due to non-specific symptoms. The first symptoms of spinal dural arteriovenous fistulas often consist of paraparesis and paraesthesias in the feet or legs as well as progressive gait disturbance. In the initial phase of the disease, physicians often think polyneuropathy is responsible for the symptoms. 2 out of the 4 patients were referred to the orthopaedic surgeons for diagnoses of cervical myelopathy and cord compression. The other 2 patients were referred to neurologists. In middle-aged men who present with disturbances of gait and who also report impaired voiding or any other symptoms indicating dysfunction of sacral segments, SDAF is one of the first diagnoses that should come to mind.

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**The Role of Radiotherapy on Esthesioneuroblastoma Treatment**

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Esthesioneuroblastoma or olfactory neuroblastoma is a malignant neuroendocrine neoplasm of the nasal cavity originating from the epithelial cells of olfactory. The incidence rate is very low. This neoplasm needs special attention because of aspecific clinical symptoms similar with all nasal cavity tumor either benign or malignant. Delayed diagnoses establishment is common. So far, there is no treatment standard yet because of its rareness, treatment principles are multimodalities approach, consisting of surgery, radiotherapy and chemotherapy. Radiotherapy has an important role in the treatment of esthesioneuroblastoma due to its moderately radiosensitivity. Radiation technique needs carefulness because of the closeness of the tumor location with the radiosensitive structures like the eyes, optic nerve, optic chiasma brain stem. This paper presents the role of radiotherapy in the management of esthesioneuroblastoma by reporting the case of 44-year-old man with esthesioneuroblastoma (olfactory neuroblastoma) stage C according to KADISH or equal to stage III (T3 N0 M0) according to TNM system.