tumours of colorectal origin demonstrated the best treatment response of the cystic component. *Conclusion:* The primary cancer pathology of the CBM has an effect on the response to GKR, and can be used as a prognosticator of changes in cystic and solid volumes of lesions.

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Latency period for radiological appearance of new intracranial metastases

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Introduction: This study sought to determine the overall and disease-specific latency period for radiological appearance of new intracranial metastases for patients with metastatic involvement of the brain. *Methods:* A retrospective chart review of patients with intracranial metastases between 2008–2010 was conducted. For each patient, the following were recorded: cancer type, gender, age at diagnosis of primary cancer and first intracranial metastases, treatments (chemotherapy, whole-brain-radiotherapy (WBRT), radiosurgery), and latency period for radiological appearance of new intracranial metastases. *Results:* 137 patients with multiple metastatic tumors were included in our study. Majority (>90%) of patients received chemotherapy and WBRT. The latency periods for appearance of new metastases for different cancer types were (in months): breast 12.7, lung 11.3, colorectal 9.0, melanoma 6.6, renal cell 8.1, other 8.1. The overall average latency period was 10.1 months. There was no relation between latency period for new metastases and the following: age at diagnosis of metastases($p=0.174$), age at treatment($p=0.199$), and cancer type($p=0.124$). The latency period for new metastatic lesions differed significantly between males (8.1 months) and females (11.7 months) ($p=0.009$). *Conclusions:* The average latency period for new metastases is approximately 10 months. Our data suggests that males develop new metastatic tumors at a faster rate.

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Intramedullary spinal cord metastasis from primary esophageal carcinoma

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Background: Intramedullary spinal cord metastasis (ISCM) are rare with primary lung, breast and melanoma accounting for up to 80% of cases. Diagnosis is often delayed or incorrect and these lesions can often be mistaken for primary astrocytoma or ependymoma given similar radiologic features. *Methods:* We present the case of an 80 year-old male with rapidly progressive quadriparesis and an enhancing intramedullary lesion at C4-7 with diffuse perilesional edema. The patient had previously undergone resection of non-metastatic esophageal carcinoma. *Results:* Bone scan revealed no evidence of skeletal or organ metastases. The patient underwent C5-7 laminectomy and resection of tumor with intra-operative monitoring. Final pathology revealed metastatic adenocarcinoma consistent with esophageal primary. PETCT revealed recurrent esophageal disease and pleural-based metastatic deposits. The patient went on to receive palliative radiotherapy to the cervicothoracic spine. Neurologic status improved marginally. *Conclusions:* ISCM from primary esophageal carcinoma is extremely rare. We present to our knowledge one of three reports of such in the literature. Hematogenous dissemination via Batson's plexus and peri-veretebral plexuses is thought to be the likely route of spread. Treatment is primarily palliative, however surgical resection should be considered in the absence of metastatic disease.

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Operative management of C3-C6 intramedullary gangliocytoma

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Background: Gangliocytoma is a WHO grade 1 tumour which is typically found in the brain. Incidence of this pathology occurring in the spinal cord is rare, accounting for 0.1%-0.4% of intramedullary spinal cord tumors. *Methods:* We present the case of a previously healthy 23-year-old male with bilateral weakness and accompanying sensory deficits progressing over several months. Magnetic resonance imaging (MRI) of the spine showed a C3-C6 enhancing, intramedullary mass. C3-6 laminoplasty and resection of the tumour was preformed under neurophysiologic monitoring. Post-operatively the patient had no new neurologic deficits. *Results:* Final histopathology was consistent for gangliocytoma with extensive calcifications as confirmed by two separate neuropathologists. Gross total resection was not possible due to decreased motor evoked potentials detected by electrophysiologic monitoring. Post-operative MRI revealed a residual tumour measuring 58 x 15 x 25 mm with no further abnormal foci of enhancement. *Conclusions:* Gangliocytoma of the cervical cord is exceedingly rare, however its natural history is unclear. In our experience, maximal safe resection is warranted with the goal of preserving neurological status.

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Primary supratentorial intracerebral malignant paraganglioma

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Paragangliomas are extra-adrenal neuroendocrine tumours that derive from neural crest. They are benign tumours in general but few cases had shown their tendency to metastasize. Malignant forms have been reported previously with intracranial metastasis from duodenal origin but primary intracranial origin represent a rare and unusual location for such tumours. We report a rare case for a 48 year old lady who presented with symptomatic right sided insular mass with negative metastatic work up. A complete surgical resection had been done with an unexpected diagnosis of primary gangliocytic paraganglioma with malignant features.