QOS-10. LONG TERM IMPACT ON MOBILITY IN CHILDREN WITH POSTERIOR FOSSA TUMOURS
Helen Hartley, Ram Kumar, Christine Sneade, Rebecca Williams, and Barry Pizer; Alder Hey Childrens NHS Foundation Trust, Liverpool, UK

OBJECTIVES: The objective of this study was to explore long term mobility problems in children following treatment for a posterior fossa tumour. It is recognized that children with brain tumours can present with long term motor problems and in particular ataxia. METHODS: 50 children (aged between 4-18 years of age) who were 2 years or more following resection of posterior fossa tumour were assessed using the PEDI (Paediatric Evaluation of Disability Index) mobility domain and the SARA (Scale for assessment and rating of ataxia). RESULTS: Overall 40% of children who were assessed recorded a PEDI mobility domain score more than 10% below the norm for their age. Examining the results according to tumour type; 17 children diagnosed with a medulloblastoma were assessed and 65% presented with a PEDI 10% or more below normative scores with average SARA score for this group 9.5. In 7 children following treatment for an ependymoma 37% presented with a PEDI 10% or more below normative scores and the average SARA score was 3.5. In 25 children with low grade gliomas 24% presented with a PEDI 10% or more below normative scores and their average SARA score was 3.5. CONCLUSIONS: A large proportion of children who have undergone treatment for posterior fossa tumours demonstrated a long term impact on functional mobility. PEDI score is lower and SARA score is higher in children with medulloblastomas though it is recognized that children with malignant tumours have adjunct treatment which can impact on physical presentation.