Abstracts

004 VESTIBULAR EVENT MONITORING IN THE EMERGENCY DEPARTMENT

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Introduction Acute vertigo is often accompanied by ictal-nystagmus which may assist with diagnosis. We examine the merits of a structured assessment combined with vestibular event-monitoring in the Emergency Department (ED).

Methods We undertook a structured clinical assessment and video-nystagmography in 220 non-consecutive patients presenting to a public-hospital ED with acute vertigo, during a 10-month period. The records of 115 consecutive vertiginous patients who underwent standard-assessment were compared.

Results For the structured assessment group: 54% presented with acute vestibular syndrome (AVS), 24% with episodic spontaneous vertigo (EVS), and 20% with recurrent positional-vertigo (RPV).

For AVS (n=119), most common diagnoses were vestibular neuritis (34%), stroke (34%) and vestibular migraine (13%). Nystagmus slow-phase velocity (SPV) for VN, stroke and VM were 11±5.5⁰/s, 5.6±2.3⁰/s, 5.4±5.9⁰/s; Mean ipsilesional video-head impulse gains were 0.51±0.29, 0.89±0.20 and 0.96±0.13. For EVS(n=53), diagnoses included vestibular migraine (63%), Meniere’s Disease (11%) and others (26%). Nystagmus SPV was 5.4±3.6⁰/s, 7.6±6.3⁰/s, 4.1±1.5⁰/s. In RPV (n=43), common diagnoses were posterior-canal BPPV (66%), horizontal-canal BPPV (23%), migraine (7%). Positional nystagmus SPV profile showed Peak SPV of 42.5⁰/s, 77.6⁰/s, 20.6⁰/s and Time-constants of 6.52s, 22.51s, 34.56s for Pos.

Conclusion Vestibular event-monitoring and structured clinical assessment secured a diagnosis in 96% of cases compared with 34% for the control group, reinforcing its merit.

005 ELECTROCLINICAL CHARACTERISTICS OF AUTOIMMUNE ENCEPHALITIS AS OUTCOME BIOMARKERS

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Introduction Seizures are a common characteristic of Autoimmune encephalitis (AIE). The use of the electroclinical characteristics to assist in the diagnosis of AIE has been explored1 however use of specific electroencephalogram (EEG) changes has not been examined with regards to outcome prediction.

Methods Patients with AIE were recruited retrospectively across 4 hospitals in Victoria. Clinical Data was collected during admission and at final follow-up. EEGs of patients were reviewed using an objective proforma. Associations between EEG biomarkers and clinical outcomes were demonstrated using logistic regression modelling.

Results We recruited 88 patients with AIE and available EEGs. Presence of rhythmic delta, superimposed fast activity and an abnormal background were significantly more common in N-methyl-D-aspartate receptor (NMDAR) antibody associated AIE patients (p<0.05). ICU admission was associated with prolonged duration of abnormality on EEG (OR 11.99, p=0.013), and sharp elements in the EEG abnormality (OR 3.55, p=0.03). Development of drug resistant epilepsy was associated with an abnormal background rhythm (OR 3.56, p=0.03).

Conclusion We have identified EEG biomarkers that differentiate NMDAR AIE from other subtypes, and likely represents an objective description of extreme delta brush which has previously been described in NMDAR AIE.2 We have also demonstrated biomarkers associated with important outcomes that can be used to help guide treatment and prognosis.

REFERENCES

006 CAN SEIZURE-RELATED HEART RATE DIFFERENTIATE EPILEPTIC SEIZURES FROM PSYCHOCGONIC NON-EPILEPTIC SEIZURES?

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Introduction This study aims to (i) evaluate the diagnostic sensitivity, specificity and predictive values of seizure-related heart rate (HR) in differentiating epileptic seizures(ES) from