immunoglobulin, oral and intravenous corticosteroids, azathioprine, and mycophenolate.

Residual hip, abdominal and truncal weakness remained, affecting her gait and posture. CK levels during this period remained normal. MRI demonstrated extensive paravertebral muscle loss with fatty replacement without oedema. Small myopathic units without active features were present on EMG.

Conclusion This case illustrates several important aspects of NAM, which remains a rare disorder. Recovery can be incomplete in up to 40%, especially if control is delayed.² In our opinion, normalisation of CK is an important target and may be necessary for full recovery, and rising CK may predict relapse.³ We suggest MRI and EMG of weak muscles may assist in distinguishing persisting myositis from 'burnt-out' disease, clarifying whether immunotherapy should be increased or not. However relapse on weaning immunosuppression remains frequent. While SRP antibodies in patients who had also taken statins has been previously reported, the quick sequential onset in this case suggests possible causality.

REFERENCES

1. Mammen AL. Autoimmune Myopathies. *Contin Lifelong Learn Neurol*. 2016;**22**(6):1852–1870.
2. Watanabe Y, Uruha A, Suzuki S, et al. Clinical features and prognosis in anti-SRP and anti-HMGCR necrotising myopathy. *J Neurol Neurosurg Psychiatry* 2016;**87**(10):1038–1044.
3. Ramanathan S, Langguth D, Hardy TA, et al. Clinical course and treatment of anti-HMGCR antibody-associated necrotizing autoimmune myopathy. *Neurol Neuroimmunol Neuroinflammation* 2015;**2**:e96.

073 ACUTE SPINAL INFARCTION: TREATMENT AND OUTCOMES WITH AND WITHOUT HYPERBARIC OXYGEN THERAPY AT FIONA STANLEY HOSPITAL

¹Catherine Ashton*, ²Neil Banham, ¹Merrilee Needham. ¹Department of Neurology, Fiona Stanley Hospital, Murdoch, WA, Australia; ²Hyperbaric Medicine, Fiona Stanley Hospital, Murdoch, WA, Australia

10.1136/jnnp-2019-anzan.61

Introduction Spinal cord infarction is a potentially devastating disorder commonly presenting with anterior spinal artery syndrome developing over minutes to hours, accounting for an estimated 1% of stroke presentations. Aetiologies range from aortic surgical complications, systemic hypotension and other rare causes including fibrocartilaginous embolism and vascular malformations. Diagnosis is clinical combined with restriction on diffusion-weighted MRI. There are no specific treatment guidelines. The evidence for hyperbaric oxygen therapy (HBOT) in acute spinal infarction is mixed. This case series describes ten cases of acute spinal infarction at Fiona Stanley Hospital (FSH), half of which received HBOT.

Methods Data for all MRI-proven spinal cord infarctions at FSH between 2014 and 2018 were reviewed.

Results Ten patients, median age 55years (31–74), 60% male. Aetiologies: three fibrocartilaginous emboli, five likely atheroembolic disease, one antiphospholipid syndrome, one cryptogenic. Sixty percent presented with flaccid paraplegia ranging from levels C4 to T11. Five patients received HBOT within a median time of 31 hours from symptom onset, with average 15 treatments. Three patients received triple therapy of HBOT, pentoxifyline and high-volume lumbar-puncture

drainages and had median MRC muscle power of 5- on discharge, compared with 2+ power in those who did not. Nine required inpatient rehabilitation, of average eight weeks' duration, with median disability at discharge of 3 on the Modified Rankin Scale.

Conclusion Spinal infarctions can be severely disabling. Fibrocartilaginous embolism may be more common than previously thought. More research is needed on the role of acute triple therapy with pentoxifyline, spinal drains and HBOT given the marked difference in this case series.

074 EARLY AUSTRALIAN EXPERIENCE WITH ERENUMAB FOR CHRONIC MIGRAINE

¹Shuli Cheng*, ²Bronwyn Jenkins*, ^{1,3}Elspeth Hutton. ¹Alfred Hospital, Melbourne, VIC, Australia; ²Royal North Shore Hospital, St Leonards, NSW, Australia; ³Monash University, Melbourne, VIC, Australia

10.1136/jnnp-2019-anzan.62

Introduction Erenumab is available in Australia since October 2018. We review the effectiveness and safety in 2 Australian headache centres.

Methods Erenumab (70 mg or 140 mg) was prescribed. We monitored headache days, migraine days, analgesic use, adverse reactions, Headache Impact Test-6 (HIT6) score and Migraine Disability Assessment (MiDAS) score, at baseline and at 3 months. Primary outcomes were reduction in headache and migraine days, and adverse effects. Secondary outcomes were improvement in functional scores and analgesic use.

Results 65 patients (ages 18–73; mean 44 years) commencing Erenumab were assessed before and after 3 monthly treatments. The duration of chronic migraine (CM) ranged from 1 to 40 years, with 3 to 16 previous failed prophylactic treatments.

There was a >50% response in overall headache days and migraine days in 29% (19/65) and 46% (27/59), respectively. There was a modest (10–49%) response in overall headache days and migraine days in 29% (19/65) and 27% (18/59), respectively. There was no improvement in headache days and migraines in 42% (27/65) and 27% (14/59), respectively.

At onset, the mean HIT-6 and MiDAS scores were 66 and 65, decreasing after 3 treatments to 59 and 32, respectively. The mean monthly days taking triptan and codeine medications reduced from 9 and 6 days, to 5 and 3 days, respectively.

There were few reported side effects.

Conclusion This Australian cohort in tertiary referral refractory migraine patients achieved a significant rate of reduced headache and migraine days with good safety and tolerability.

075 A CASE OF SPONTANEOUS CSF RHINORRHEA IN A PATIENT WITH MARFAN SYNDROME

Viral Upadhyay*, Salman Khan. Department of Neurology, Nepean Hospital, Sydney, NSW, Australia

10.1136/jnnp-2019-anzan.63

Introduction Spontaneous cerebrospinal fluid leak is uncommon condition and frequently associated with hereditary