data collection, LP opening pressure <20cm of water or secondary causes for IIH.

Results 45 cases identified; 30 within the Greater Hobart region, population of 229,088 (June 2016-June 2017). Cumulative incidence was 6.55/100,000 (incidence rate 0.06/1000) with classification based on Neurologist diagnosis and 5.46/100,000 (0.05/1000) with classification according to MDC. 100% of the cohort were female. Mean age was 26.7 (range 17-45) and mean weight was 105.3kg (range 78-170). Headache was the most commonly reported symptom. 8.9% (4/45) of the total cohort were medically refractory (requiring VP/LP shunting). Ophthalmology services initiated 51% (23/45) of the referrals.

Conclusions Our incidence rates are higher than rates in previous studies for population subsets of young women.

**Lymphoma: A Great Imitator in Neurology and Its Many Faces**

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**Introduction** The label ‘great imitator’ refers to conditions which can cause varied manifestations and mimic diseases. Lymphoma is worthy of this title. We present three cases.

**Cases**

1: 66-year-old man with progressive vertical diplopia and unsteady gait over four weeks. MRI brain and spine demonstrated a supratentorial para-falcine soft tissue lesion, mid-thoracic cord enhancement and right axillary mass. Serum ACE was elevated. Serum HIV serology was positive. Right axillary mass core biopsy diagnosed Burkitt lymphoma.

2: 50-year-old man with a 4-week history of constitutional symptoms on a background of ITP and splenomegaly. During admission he developed urinary retention, bilateral lower limb weakness and numbness and confusion. Infectious and vascular screens were unremarkable. CT chest, abdomen and pelvis demonstrated splenomegaly. CSF and bone marrow analyses were non-diagnostic. A random skin biopsy diagnosed intravascular lymphoma.

3: 65-year-old man with two weeks of headache and diplopia on a background of previously treated Burkitt lymphoma. CSF analysis showed 4.5 × 10³/L white cells and glucose < 0.6 mmol/L. Cytologic analysis was negative for malignancy. Bacterial culture and Cryptococcal antigen were negative. FDG-PET dramatically showed disseminated spinal and cranial leptomeningeal disease. MRI brain showed thin dural thickening correlating to area of increased uptake on PET. He was diagnosed with Burkitt lymphoma relapse and treated with chemotherapy and autologous stem cell transplant.

**Conclusion** The varied manifestations in our cases demonstrate the ability for lymphoma to mimic infective, inflammatory, granulomatous (including sarcoidosis) and neoplastic aetiologies. When the diagnosis is uncertain, the possibility of this great imitator should be considered.
Methods Prospective case series.

Results 51 patients admitted for stroke workup were recruited across 2 major tertiary centres in Sydney to compare WT monitoring for 2 days versus S-patch monitoring for 4 days in the detection of AF. The efficacy to detect AF using both technologies across 76 hours of telemetry was assessed via data extractions and Cardiologist review. A matrix was used to measure nursing/patient satisfaction and setup/resource times were assessed.

84–94% of patients and 75–95% of nursing preferred the S-Patch. Non-parametric tests indicate significant time saving for removal of S-Patch versus WT [2.2 mins vs 5.1 mins (p=0.00)]. Efficacy of S-Patch to detect AF following Cardiologist review was greater than WT, with 7 patients identified with AF by S-Patch versus 1 using WT. The S-Patch had a false positive rate of 78%.

Conclusion The S-patch had a higher detection rate of AF compared to WT. This allows patients to be anticoagulated appropriately for the prevention of further stroke. Analysis showed patients and staff overwhelmingly prefer the S-Patch. The S-Patch is sensitive in the detection of AF however it showed a high false positive rate. We are confident that further refinement and advances will provide a novel device in the detection of AF.