Methods Prospective case series.

Results 51 patients admitted for stroke workup were recruited across 2 major tertiary centre’s 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 extraction 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.

084 SEPARATING STROKE FROM VESTIBULAR NEURITIS BY VESTIBULAR FUNCTION TEST PARAMETERS

2,3,1Cecilia Cappelen-Smith, 2,3,1Dennis Cordato, 5Miriam Welgampola.

Introduction Vestibular neuritis (VN) and posterior circulation syndrome (AVS). We aim to identify discriminators of VN from PCS. Detailed saccade analysis complements existing vestibular tests.

Conclusion v-HIT gain and catch-up saccade metrics are useful separators of VN from PCS. Detailed saccade analysis complements existing vestibular tests.

085 SYNDROME OF TRANSIENT HEADACHE AND NEUROLOGIC DEFICITS WITH CEREBRAL FLUID LYMPHOCYTOSIS (HANDL) AS A MIMIC FOR TRANSIENT ISCHAEMIC ATTACK (TIA)

Jasmine F Ashhurst*, Rami Haddad. Orange Hospital, Orange, NSW, Australia

Introduction HaNDL is a rare neurological disorder of unknown aetiology that is characterised by headache, neurological deficit and pleocytosis in the cerebrospinal fluid (CSF). It is a benign condition that has spontaneous resolution of symptoms within months.

A 50 year old female presented to Emergency with an acute focal neurological deficit of right sided weakness, dysphasia and dysarthria lasting less than one hour. Over the preceding months she had a new onset of headache. She was worked up for a likely diagnosis of TIA.

Methods Case report.

Results Initial CT Brain(angiography) showed no stroke or other identifiable cause of symptoms. MRI brain showed excessive nonspecific T2 hyperintensities, requiring further investigation for possible vasculitides. MR angiography was normal and there was no evidence of stroke.

Viral PCR's were negative.

Lumbar puncture (LP) showed pleocytosis (leucocytes 309×10E6/L), raised intracranial pressure and high protein, raising suspicion for HaNDL. This normalised on subsequent outpatient LP along with symptoms.

Conclusions A diagnosis of HaNDL is made as a diagnosis of exclusion, though should be considered as a differential diagnosis for various presentations in which transient acute focal neurology is a presenting complaint.

Due to relatively few reported cases of HaNDL, it is possible that HaNDL is being underdiagnosed due to variability in patient presentation and lack of understanding of the syndrome.

As in this case, when a patient presents with transient acute focal neurology in the absence of headache as a prominent presenting symptom, it is reasonable to consider HaNDL as a differential diagnosis.
neuropathies is essential as recent treatment trials show a remission rate of up to 40%.

Aims Compare retrospective data on clinical, investigational and treatment factors in patients who have ceased IVlg with patients who have failed a cessation trial.

Methods 15 patients who successfully suspended IVlg infusions were compared with 15 in whom decreasing or stopping IVlg was unsuccessful.

Results 30 patients (12 with CIDP and 3 with MMN in both groups) were diagnosed 39.5 months from onset of symptoms in the successful group vs. 40.7 months in the unsuccessful group (p=0.953). There was a significant difference in the summed upper limb sensory amplitudes on electrophysiology prior to starting IVlg between the patients with CIDP (17.4 mV vs. 9.8 mV p=0.007). There was no difference in the average doses between the groups. A successful cessation trial was attempted at a mean of 60.5 months post starting treatment, compared with 60 months in the unsuccessful patients.

Conclusion There is a need for objective biomarker to measure disease activity because other than one neurophysiology marker, other factors did not help predict a successful cessation trial of IVlg.

087 ENDOVASCULAR CLOT RETRIEVAL (ECR) IN THE ELDERLY. FOR BETTER OR WORSE IN THE REAL WORLD?

1Stacey K Jankelowitz, 2Kylie Tattula, 3Nicola Mitchell, 4Patrick Tang, 5Tim Ang, 6David Brunacci, 7Geoffrey Parker, 8Stephen Witten, 9Johnny Wong, 10Rodney Allen, 11John Worthington, 12Royal Prince Alfred Hospital and University of Sydney, Campdenow, NSW, Australia; 13Neurosciences, RPAH, Sydney, NSW, Australia; 14Neurosciences and Radiology, RPAH, Sydney, NSW, Australia; 15Radiology, RPAH, Sydney, NSW, Australia

Introduction Across multicentre trials ECR is safe and effective in octogenarians. Despite RCT evidence elderly patients may be denied ECR due to perceived poor risk-benefit. We examine impact of age on ECR outcomes and outcomes in transcatheter aortic valve implantation (TAVI) cases (where stroke risk is high), in a real world setting.

Methods We analysed 311 consecutive ECR cases between 2016 and 2019 in 10 year age bands for ECR outcomes including 90 day mRS and mortality. Impact of premorbid function (mRS), NIHSS, recorded co-morbidities, and aetiology was assessed. TAVI case outcomes were examined.

Results Thirty one percent of ECR outcome cases were aged 79 years of age; 90 day mortality was 34%; 25% had a 90 day mRS 0–2. Early NIHSS improvement was 5. Ninety-day mortality and mRS 0–2 for 10–19 (n=3), 20–29 (n=2), 30–39 (n=4), 40–49 (n=23), 50–59 (n=27), 60–69 (n=69), 70–79 (n=84),80–89 (n=62) and 90–99 (n=11) years were 0 and 100%, 0 and 100%, 33 and 67%, 4 and 78%, 15 and 52%, 13 and 49%, 17 and 33%, 24 and 2% and 55 and 18%, respectively. There was 9% lost to follow-up.

Six TAVI cases had a NIHSS of 8–20 and pre-morbid mRS<3, four with mRS 0. Mean 24 hour NIHSS improvement was 8.

Conclusion Without age exclusions older patients had worse unadjusted outcomes. However, patients over 79 years had clinically important early improvement in NIHSS score and ninety day outcomes were comparable to favourable RCT data and TAVI patients also had early improvement.

088 CLADRIBINE TABLETS WERE ASSOCIATED WITH RAPID ONSET OF IMPROVEMENTS IN MRI OUTCOMES IN THE ORACLE-MS TRIAL

1Alan Gillett, 2Susan Scarbey, 3Doris Damian, 4Yann Hyett, 5Fernando Dangond, 6Lori Lebson, 7Thomas Leist. 1EMD Serono Inc, Mississauga, ON, Canada; 1Sanford Health Multiple Sclerosis Center, Fargo, ND, USA; 1EMD Serono, Inc, Billerica, MA, USA; 1Division of Clinical Neuroimmunology, Thomas Jefferson University, Jefferson Medical College, Philadelphia, PA, USA

Introduction In ORACLE-MS (616 subjects with a first demyelinating event at high risk of converting to multiple sclerosis, cladrabine tablets (CT) 10 mg (3.5 mg/kg or 5.25 mg/kg cumulative dose over 2 years) significantly delayed the time-to-conversion to clinically definite multiple sclerosis (CDMS), and reduced new/persisting T1 gadolinium-enhancing (T1 Gd +), new/enlarged or active T2 and combined unique active (CUA) lesion number. Here, the timing of CT effect is evaluated.

Methods MRI scans were performed at screening and every 12 weeks, for non-converting CDMS subjects. MRI-based endpoints were analyzed using analysis of covariance (ANCOVA) and negative binomial models. The temporal effects of the first yearly treatment course of CT and placebo on T1 Gd+, active T2, and CUA lesions were evaluated.

Results 96 weeks: the reduction in mean T1 Gd+, active T2, or CUA lesion number per patient per scan was nominally significantly greater for CT versus placebo (p<0.0001). Early change in Gd+ lesion volume (at Week 13) from baseline was CT, -155.73 mm³, placebo, -14.76 mm³. Comparatively larger reductions in mean active T2 and CUA lesion numbers with CT at Week 13 versus placebo were observed (active T2: CT, -1.25; placebo, -1.43; CUA: CT, -1.56; placebo, -2.41). The mean number of T1 Gd+ lesions at 13 weeks following CT was 0.37 versus 1.0 with placebo.

Conclusions MRI data from ORACLE-MS subjects suggest the first yearly treatment course of CT has a rapid onset of action, with beneficial treatment effects on active lesion number and volume evident by Week 13.

089 BREAKING THE CYCLE OF CHRONIC DAILY HEADACHE WITH A LOW-DOSE SUBCUTANEOUS LIGNOCaine AND KETAMINE INFUSION

1Christopher JF Rofe, 2Raymond Garrick, 3David Burke, 1,2,3Bruce J Brew, 1,2,3Susan E Tomlinson. 1University of Notre Dame, Sydney, NSW, Australia; 2Department of Neurology, St Vincent’s Hospital, Sydney, NSW, Australia; 3Department of Medicine, Central Clinical School, University of Sydney, Sydney, NSW, Australia; 4Department of Neurology, Royal Prince Alfred Hospital, Camperdown, Sydney, NSW, Australia; 5Department of Medicine, University of NSW, Sydney, NSW, Australia

Introduction Management of chronic migraine includes correcting analgesic rebound headache and implementing suitable medication for prevention and acute episodes. However, in many cases this management paradigm oversimplifies the complexity of chronic migraine, particularly the entrenched central pathways that perpetuate chronic migraine. Intravenous