Predictive modeling estimated that a 25% reduction in pNfL-c, similar to that observed with ozanimod 0.92 mg, predicts an ARR (standard error [SE]) of 0.18–0.23 (0.4), whereas a 13% reduction, similar to IFN, predicts an ARR (SE) of 0.29–0.37 (0.04).

Conclusion Our findings support pNfL-c as a biomarker for relapsing MS disease activity. Ozanimod caused greater dose-dependent reductions in pNfL-c and ARR than IFN.

# REFERENCES

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# ABSTRACTS

## 068 BRADYCARDIA AS A RARE NEUROCARDIAC PRODRome TO Leucine-RICH GLIOMA INACTIVATED-1 ANTIBODY ENCEPHALITis

Sai Nagaratnam, Yun T Hwang, Elizabeth Reyneke. Neurology, Gosford Hospital, Gosford, NSW, Australia

**Introduction** Leucine-rich glioma inactivated-1 antibody encephalitis has been associated with bradycardia as a neurocardiac pro... episodes of an unpleasant sensation associated with sinus bradycardia requiring pacemaker implantation. Episodes continued despite pacemaker. He was diagnosed with a seizure disorder and commenced on levetiracetam without response.

Subsequently, on video EEG, subtle facial grimace and upper limb tonicity were captured, in keeping with faciobrachial dystonic seizures without an EEG correlate. MRI brain showed no radiological evidence of encephalitis. Serum limbic encephalitis panel confirmed LG1 antibodies. Other autoimmune and paraneoplastic antibodies were negative. He was treated with a course of corticosteroids. Induction dose of intravenous immunoglobulin was prematurely terminated after one dose due to MRSA bacteraemia and tricuspid valve endocarditis, necessitating removal of the pacemaker with no recurrence of seizures or bradycardia at follow up without further treatment.

**Conclusion** This case illustrates a rare presentation of LG1-1 antibody encephalitis with complete remission following incomplete induction course of intravenous immunoglobulin and corticosteroids. Neurocardiac prodr... perusal of the pacemaker with no recurrence of seizures or bradycardia at follow up without further treatment.

## 069 A PUTATIVE MECHANISM FOR SUBCORTICAL APHASIA

1. Shadi El-Wahsh, 2David Greenup, 3Gemma White, 5Michael J Fulham, 3Arum Aggarwal, 1GS Michael Halmagyi. Neurology, Royal Prince Alfred Hospital, Sydney, NSW, Australia; 2South Western Sydney Clinical School, University of New South Wales, Sydney, NSW, Australia; 3Department of Rehabilitation Medicine, Balmain Hospital, Sydney, NSW, Australia; 4Speech pathology department, Balmain Hospital, Sydney, NSW, Australia; 5Department of Molecular Imaging (PET and Nuclear Medicine), Royal Prince Alfred Hospital, Sydney, NSW, Australia; 6Sydney Medical School, University of Sydney, Sydney, NSW, Australia; 7Neurology, Concord Repatriation General Hospital, Sydney, NSW, Australia

**Objectives** The role of subcortical structures in language function are still poorly understood. We aim to provide a putative mechanism for subcortical aphasia through a structural and functional imaging-based case discussion.

**Methods** We present a case of subcortical aphasia due to basal ganglia hypertensive haemorrhage and discuss serial MRI and PET imaging findings to elucidate the mechanism of profound language impairment in acute subcortical pathology.

**Results** A 71-year-old right-handed architect presented with acute onset global aphasia and right-sided hemiparesis. CT imaging showed a flame-shaped left-sided basal ganglia haemorrhage. MRI brain showed a left basal ganglia haemorrhage without ischaemic or haemorrhagic damage to the overlying fronto-parietal cortex. FDG-PET imaging showed profound left fronto-parietal cortex hypometabolism, as well as ipsilateral caudate, putamen, thalamic and pontine hypometabolism. MR tractography identified truncation of the arcuate fasciculus around the left angular gyrus as well as disconnection of the left fronto-parietal association fibres. Over 12 weeks of rehabilitation, the patient began to generate verbal output and was discharged home with ongoing word finding difficulties, nominal aphasia, and semantic paraphasias. Progress PET imaging revealed persistent hypometabolism in the aforementioned regions.

**Conclusion** We believe this is an important educational case for neurologists regarding the presentation of aphasia due to isolated subcortical lesions and raises some interesting hypotheses regarding a putative mechanism for subcortical aphasia due to dominant hemisphere cortical inactivation.

## 070 HEMI-CORD INFARCTION FOLLOWING VERTEBAL ARTERY DISSECTION IN A PATIENT WITH CONGENITAL HYPOPLASTIC VERTEBRAL ARTERY: A CASE REPORT

1. Alanna Rottler, 1,2Yew Li (Michelle) Dang, 1,3Wai Foong Hooi, 4David A Burrows, 4Hong Kuan Kok, 1,2Douglas E Crompton. 1Department of Neurology, Northern Health, Epping, VIC, Australia; 2Department of Neurology, Eastern Health, Box Hill, VIC, Australia; 3Department of Neurology, Austin Health, Heidelberg, VIC, Australia; 4Department of Radiology, Northern Health, Epping, VIC, Australia; 5School of Medicine, Faculty of Health, Deakin University, Burwood, VIC, Australia; 6Department of Medicine, Melbourne University, Northern Health, Epping, VIC, Australia

**Background** Whilst often causing posterior circulation strokes, vertebral artery dissections may also, more rarely, cause spinal cord infarction. 1 This is the case report of a 39-year-old female with a right-sided high cervical hemi-cord infarction caused by vertebral artery dissection of a hypoplastic right vertebral artery.

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Objective We report the case of a 34-year-old female diagnosed concurrently with idiopathic intracranial hypertension (IIH) and aplastic anemia.

Case A 34-year-old female with recent weight gain presented with headache and fatigue. Clinical examination revealed conjunctival pallor and occasional brushing, with fundoscopy and optic coherence tomography demonstrating bilateral papilloedema (grade III). There were enlarged blind spots bilaterally. The cerebrospinal fluid (CSF) opening pressure was greater than 30 cmH2O. An MRI brain was normal and there was no venous sinus thrombosis. A diagnosis of IIH was made, and she was treated with therapeutic removal of CSF, acetazolamide and weight loss strategies. Concurrently, a bone marrow biopsy to investigate profound pancytopenia was consistent with aplastic anaemia. The patient had worsening IIH features during fertility preservation treatment in preparation for stem cell transplant. At five months, there was complete resolution of subretinal fluid and clinical papilloedema. Anti-thymocyte globulin and cyclosporine treatment was subsequently commenced.

Conclusion Previous case reports have emphasised the interplay between the pathophysiology of anaemia and IIH, with treatment of aplastic anaemia contributing to resolution of IIH. We believe this is the first reported case of concomitant IIH and aplastic anaemia with resolution of papilloedema prior to treatment of anaemia. We also highlight the challenges of managing IIH during fertility and cyclosporine treatment.

REFERENCES

072 IMPACT OF TELEHEALTH ON MULTIPLE SCLEROSIS (MS) OUTPATIENT CLINICS DURING THE COVID-19 PANDEMIC

Vivien Li, Ai-Lan Nguyen, Izzanne Roos, Katherine Buzzard, Chris Dwyer, Mark Marriott, Mastura Morff, Charles Malpas, Stefanie Roberts, Lisa Taylor, Elizabeth Carle, Nicola Taylor, Kelsey Tunnell, Trevor Kilpatrick, Tomas Kalinick. Neurology, Royal Melbourne Hospital, Parkville, VIC, Australia

Objective To characterise telehealth use in MS clinics during the COVID-19 pandemic.

Methods Clinic records from Mar-Dec 2020 were reviewed. Patients and clinicians completed questionnaires about experiences using Telehealth. The iMed database was searched for EDSS records during and compared to face-to-face EDSS preceding and following the study period. T-test and Chi-square test were used for between-group comparisons.

Results 2034 appointments (27% face-to-face, 35% video, 37% telephone) were conducted. New referrals were predominantly face-to-face (66%). 89% of patients were satisfied with telehealth. 58% felt they were as good as face-to-face visits, whilst only 11% of clinicians agreed. Many patients favoured a hybrid model. Safety during the COVID-19 pandemic was important to both groups.

EDSS increase from the preceding visit was recorded in a significantly higher proportion of face-to-face than telehealth appointments (p=0.027), with the increase driven by patients with baseline EDSS=4.0. Amongst patients with EDSS increases, similar numbers of suspected relapses were seen via both modalities. Absolute increase in EDSS was also significantly greater amongst patients seen face-to-face (p<0.0001). There was no significant difference in EDSS change at subsequent follow-up in patients with consecutive face-to-face versus intervening telehealth appointments.

Conclusion Patient satisfaction with telehealth was high, whilst clinicians preferred face-to-face consultations. EDSS increase was more frequently recorded via face-to-face than telehealth.