

Presentation A 39-year-old female with a history of migraines, presented with acute onset right neck pain, headache and right-sided paraesthesia of the arm and leg after rapid rotation of the neck to the left. Due to a headache similar to her usual migraine, the patient took Rizatriptan prior to presentation. Neurological examination revealed findings, including right-sided upper and lower limb paraesthesia, weakness and dysmetria, consistent with right hemi-cord infarction. CT angiogram of the neck and brain revealed a small calibre right vertebral artery of unclear aetiology. Subsequent MRA revealed a hypoplastic right vertebral artery with dissection causing a high cervical right hemi-cord infarction. The patient's right sided paraesthesia and weakness slowly improved over three months with medical therapy and rehabilitation, however some deficits remain, which affect her quality of life.

Conclusion This unusual case is a poignant reminder to carefully consider alternative diagnoses that may mimic migraines, especially when neurological signs and symptoms are present. Such differential diagnoses, such as vertebral artery dissection and spinal cord infarction, are of particular importance to consider, even in young patients without any risk factors, given that they can cause significant disability which may impact on quality of life.²

REFERENCES

1. Hsu J, Cheng M, Liao M, Hsu H, Weng Y, Chang K, et al. The etiologies and prognosis associated with spinal cord infarction. *Annals of Clinical and Translational Neurology* 2019;6(8):1456–1464.
2. Hsu C, Cheng C, Lee J, Lee M, Huang Y, Wu C, et al. Clinical features and outcomes of spinal cord infarction following vertebral artery dissection: a systematic review of the literature. *Neurological Research* 2013;35(7):676–683.

071

DOUBLE TROUBLE: PAPHILOEDEMA SECONDARY TO IDIOPATHIC INTRACRANIAL HYPERTENSION AND APLASTIC ANAEMIA

¹Antonia Clarke, ²Charles Shuttleworth, ³Rachael Rodgers, ¹Justine Wang. ¹*Neurology, St George Hospital, Kogarah, NSW, Australia;* ²*Haematology, St George Hospital, Kogarah, NSW, Australia;* ³*Obstetrics and Gynaecology, Royal Hospital for Women, Randwick, NSW, Australia*

10.1136/bmjno-2021-ANZAN.71

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

Case A 34-year-old female with recent weight gain presented with headache and fatigue. Clinical examination revealed conjunctival pallor and occasional bruising, 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,¹ with treatment of aplastic anaemia contributing to resolution of IIH.^{2,3} 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

1. Biossue V, et al. Anaemia and papilledema. *American Journal of Ophthalmology* 2003;135(4):437.
2. Nazir SA, et al. Pseudotumor cerebri in idiopathic aplastic anemia. *Journal of AAPOS* 2003;7(1):71.
3. Lilley ER, Bruggers CS, Pollock SC. Papilledema in a patient with aplastic anemia. *Arch Ophthalmol* 1990;108:1674–5.

072

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

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

10.1136/bmjno-2021-ANZAN.72

Objectives

1. Characterise telehealth use in MS clinics during the COVID-19 pandemic.
2. Assess patient and clinician attitudes towards telehealth.
3. Compare telehealth-based and physical EDSS obtained during period of telehealth implementation.

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 recorded via face-to-face and telehealth appointments 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 2023 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 \leq 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