Conclusion Core and penumbra volume estimates vary significantly between CTP software packages. There are minimal differences in patients with non-LVO stroke, with the greatest differences seen in patients with ICA-T occlusions.

110 BOTULINUM TOXIN FOR A REFRACTORY HEAD TREMOR ARISING FROM CEREBELLAR METASTASES

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Background Tremor is an involuntary, rhythmic, oscillatory movement of a body part that can be a clinical manifestation of a range of underlying pathologies.[1] Of those tremor subtypes for which adequate management is often elusive, head tremor is among the most debilitating. Taking 'yes-yes', 'no-no', and mixed forms, available treatments for head tremor include medication, surgery, and botulinium toxin injections.[2] We report a case of severe head tremor arising from focal cerebellar metastases that showed a durable response to botulinium toxin treatments in a palliative setting, despite underlying disease progression.

Case A 60 year old lady was referred to our clinic with a 3 month history of 'no-no' head tremor. Originally diagnosed with ER$^-$ breast cancer in 2008, she underwent surgical resection but suffered a disease recurrence in 2017 when she presented with a solitary posterior fossa metastasis. This was resected and adjuvant radiotherapy was given, however in mid-2019 she developed first a left arm and then a coarse, persistent head tremor that severely limited her daily life. MRI brain revealed several new vermal and left cerebellar metastatic deposits. A combination of botulinium toxin injections to splenius capitis/sternomastoid and regular oral gabapentin effectively ameliorated her symptoms over three sessions.

Discussion Two open label studies and one RCT have shown that individualised botulinium toxin injections can be used to effectively treat essential head tremor[2], and we demonstrate here that such an approach may also be a useful in the management of head tremor due to rarer and more aggressive aetiologies.

REFERENCES

1. Louis ED. Diagnosis and management of tremor. Continuum (Minneap Minn) 2016 Aug;22(4 Movement Disorders):1143–58.
2. Mittal SO, Lenka A, Jankovic J. Botulinum toxin for the treatment of tremor. *Parkinsonism Relat Disord* 2019 Jun;**63**:31–41.

111 DELAYED NEUROLOGICAL WORSENING IN AN IMMUNOCOMPETENT ADULT WITH *CRYPTOCOCCUS GATTII* MENINGOENCEPHALITIS

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Objective While typically considered a condition of immunocompromised patients, *Cryptococcus gattii*meningoencephalitis is increasingly observed in immunocompetent individuals, where the clinical outcomes are generally worse.[1 2]

Methods Case report.

Results 24year old male represented with a three-week history of progressively worsening headache, lethargy, generalised weakness, binocular diplopia, hearing loss and unintentional weight loss. Two weeks prior, he had presented with coryzal symptoms and received outpatient treatment for community acquired pneumonia. A lumbar puncture was performed with an opening pressure greater than 34cmH2O, pleocytosis and positive India ink stain. *Cryptococcus gattii* was cultured at a titre of 1:2048. MRI brain demonstrated bilateral basal ganglia change and leptomeningeal enhancement consistent with Cryptococcal meningitis. Serum HIV was negative. Induction treatment with ambisome-flucytosine was initiated. Lumbar drain and subsequent VP shunt were required for management of persistent symptomatic increased intracranial pressure. After 6weeks of therapy he was transitioned to consolidation fluconazole. Repeat CSF demonstrated improved Cryptococcal Ag titre of 1:512.

Two months into rehabilitation he suffered a seizure and rapid progressive neurological decline. EEG demonstrated a moderately severe diffuse encephalopathy. Repeat CSF cryptococcal Ag was stable. CSF limbic encephalitis and NMDA antibodies were negative. Repeat MRI brain demonstrated worsening supratentorial leptomeningeal enhancement and parenchymal vasogenic oedema, consistent with paradoxical upgrading reaction (PUR). Prednisolone 1mg/kg was initiated and the patient improved in days.

Conclusions PUR is an immune-reconstitution like event that can occur in immunocompetent patients. It represents an important cause of neurological deterioration in *Cryptococcus gattii* meningoencephalitis, requiring differentiation from relapse on consolidation therapy.

REFERENCES

1. Franco-Paredes, *et al*. Management of cryptococcus gattii meningoencephalitis. *Lancet Infect Dis* 2014;**15**(3):348–355.
2. Chen, *et al*. Cryptococcus gattii infections. *Clin Microbiol Rev* 2014;**27**(4):980–1024.

112 FAVOURABLE OUTCOME FOLLOWING EARLY TREATMENT WITH RITUXIMAB IN A PATIENT WITH PROBABLE SUSAC'S SYNDROME

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Objective We report a favourable outcome following early treatment with rituximab in a patient with probable Susac's syndrome (SuS).

Background Delayed treatment of SuS leads to significant morbidity, however there is no consensus in its management.

Results A 34-year-old man presented with severe headache, subacute confusion and blurred vision developing over 4 months. The MRI brain revealed multiple supratentorial and infratentorial FLAIR/T2 hyperintense lesions in white and gray matter, including characteristic corpus collosum 'snow ball' lesions. The fundus fluorescein angiography (FFA) showed typical branch retinal artery occlusion, consistent with his bilateral decrease in visual fields. CSF showed high protein (3000mg/L) and pleocytosis (18X10^6/L). Following diagnosis of probable SuS, he was treated with high-dose corticosteroids on day 3 of presentation, followed by IVIG, mycophenolate and rituximab. He had significant