identified cramp potentials in abductor digiti minimi, abductor pollicis brevis and flexor carpi ulnaris following application of a pressure cuff to the upper limb. Serological investigations for peripheral nerve hyperexcitability syndromes including voltage-gated potassium channel complex and GAD antibodies were negative. Treatment in the form of calcium, magnesium and Vitamin D replacement provided temporary symptomatic relief for the patient. Symptomatic therapy with carbamazepine and/or recombinant parathyroid hormone are being entertained. Normocalcaemic, normomagnesemic tetany following parathyroidectomy is a rarely reported phenomenon that is hypothesised to occur due to neuromuscular irritability resulting from relative hypocalcemia following muscle membrane adaption to long-standing hypercalcemia

## 2248 PERAMPANEL MONOTHERAPY FOR FOCAL-ONSET SEIZURES (FOS): POST HOC ANALYSIS OF TREATMENT-EMERGENT ADVERSE EVENTS (TEAES) BY TREATMENT PERIOD DURING FREEDOM STUDY 342

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**Objectives** This post hoc analysis examines TEAE rates by Treatment Period in patients aged ≥12 years with newly diagnosed/currently untreated recurrent FOS, with/without focal to bilateral tonic-clonic seizures, who received perampanel monotherapy during Study 342 (FREEDOM; NCT03201900).
**Methods** During the Core Study, patients received perampanel 4 mg/day (4-week Pretreatment; 32-week Treatment [6-week Titration; 26-week Maintenance]) with the possibility to up-titrate to 8 mg/day. Patients could enter an Extension Phase for an additional 26 weeks (total: 52 weeks). TEAE rates were analysed by Treatment Period (Titration: Weeks 1–3; Steady State: Weeks 4–6; Maintenance: Week 7-end of 4/8-mg/day Maintenance). TEAE rates were calculated as number of events divided by total exposure, multiplied by 100.
**Results** Eighty-nine treated patients were included in the 4-mg/day group; of these, 21 patients were up-titrated and included in the 8-mg/day group. The rate of TEAEs/100 patient-months was highest during Titration (4 mg/day, 55.0; 8 mg/day, 86.4), lower during Steady State (4 mg/day, 25.2; 8 mg/day, 51.3) and lowest during Maintenance (4 mg/day, 12.4; 8 mg/day, 21.7). Treatment-related TEAEs and serious TEAEs with 4 mg/day exhibited the same pattern; rates with 8 mg/day were more variable. The most common TEAE/100 patient-months during Titration was dizziness (4 mg/day, 18.3; 8 mg/day, 57.6); lower rates of dizziness were reported during Steady State and Maintenance vs Titration.
**Conclusions** Perampanel monotherapy was generally well tolerated in patients aged ≥12 years with newly diagnosed/currently untreated recurrent FOS; TEAE rates generally decreased over time with treatment.
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## 2249 FIRST-DOSE CHADOX1 VACCINATION AND ARTERIAL THROMBOSIS RISK

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We describe three patients diagnosed with vaccine-induced immune thrombocytopaenia and thrombosis syndrome (VITTs) who presented over a three-month period to a tertiary hospital, all of whom had both arterial and venous thrombosis. Case 1: A 53 year-old female had an acute left internal carotid artery (ICA) thrombus requiring intravenous alteplase and endovascular clot retrieval ten days following her first ChAdOx1 vaccination. Her admission was complicated by lower limb arterial thrombosis and pulmonary emboli. Case 2: A 67 year-old female presented with severe headaches 17 days following her first vaccination, and was found to have extensive cerebral venous sinus thrombosis (CVST) and intracerebral haemorrhage requiring decompressive craniectomy and drainage, and also developed multiple peripheral limb arterial thromboses. Case 3: A 57 year-old female who presented with convulsive status epilepticus after her first ChAdOx1 nCoV-19 vaccination ten days prior. She was found to have extensive clot burden with CVST complicated by haemorrhagic transformation of a venous infarct in addition to a complete left ICA occlusion needing thrombectomy. Similarly, she was found to have pulmonary emboli and arterial and venous limb thromboses. All patients received some combination of intravenous immunoglobulin, methylprednisolone, argatroban and ongoing apixaban or fondaparinux.
**Conclusions** Whilst venous thrombosis is well recognised in VITTs, we describe that the clinical spectrum can also commonly include arterial thrombosis, in the cerebrovascular and peripheral arterial tree. Furthermore, the presentation of this complication with arterial cerebral ischaemia acutely poses special difficulties in acute management given the degree of thrombocytopaenia as a contraindication for thrombolysis.

## 2250 ECULIZUMAB FOR ACUTE NEUROMYELITIS OPTICA SPECTRUM DISORDER RELAPSES

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Eculizumab is an effective medication approved for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in maintaining disease remission, in patients who are aquaporin-4 water channel autoantibody (AQP4-IgG) seropositive. The efficacy of eculizumab in an acute relapse of NMOSD however is still under review. We describe a 46 year-old female who presented with acute left monocular vision loss on a background of bilateral optic neuritis treated fifteen years prior as suspected NMOSD. She had very poor vision from the right eye