2599 AN UNUSUAL CASE OF INFLUENZA A AND INFECTIOUS RADICULOPATHY

Nathan NN Nadanasabesan*, Nayana NK Khurana*, Kavita KD Dilip, Ronan RO O'Donnabhain. *Department of General Medicine, Austin Health, Heidelberg, Victoria, Australia, General Medicine, Heidelberg, VIC, Australia*

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Neurological manifestations of Influenza A are rare and not well described. We report a case of a twenty year-old male who presented with severe back pain, fevers and lower limb sensory changes in the setting of influenza A. Investigations for a localised infectious process to explain the severe lumbar pain, including MRI imaging, were negative. The presentation was thought to be most in keeping with viral-induced infectious radiculopathy. The patient was treated with a course of Oseltamivir and high dose prednisolone, with complete symptom resolution. Further research would be extremely beneficial in guiding clinicians when dealing with similar patients in the future.

2602 TAKAYASU ARTERITIS: AN UNUSUAL CAUSE OF STROKE IN A YOUNG PATIENT WITH NO RISK FACTORS

[1]Hoe Chin Chua*, [2]Jasmyn Angon, [3]Soon Pang Goh, [4]Dinesh Rambachan Singh. *[1]National Neuroscience Institute, Singapore; [2]Medicine, Khoo Teck Puat Hospital, Singapore; [3]Nursing, Khoo Teck Puat Hospital, Singapore; [4]Radiology, Khoo Teck Puat Hospital, Singapore*

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Background Takayasu arteritis is a rare cause of young stroke due to large-vessel vasculitis primarily affecting the aorta and its primary branches. Women are affected in 80 to 90 percent of the time.

Case-Report A 34 yr old female presented with sudden onset of slurred speech and confusion. Her husband had to repeat his questions and instructions many times before eliciting a response. There were no other neurological signs and symptoms. She was not on drugs or alcohol.

Physical Examination She had global aphasia with a right upper motor neuron facial palsy and right hemiparesis.

Investigations MRI brain revealed a left middle cerebral artery territory (MCA) infarct. On MRA there was diffuse narrowing of the left internal carotid artery compared to the right side.

CT 4 vessel angiogram revealed smooth mural thickening with perivascular haziness along the aortic arch, brachiocephalic trunk, proximal right subclavian and right common carotid arteries. There was severe stenosis of the left subclavian artery origin with occlusion of the entire left common carotid artery.

MRI vessel wall imaging revealed circumferential wall thickening and intense enhancement in the left common carotid artery from its origin. There was similar involvement of the left subclavian artery origin.

Diagnosis Takayasu arteritis.

Discussion Takayasu arteritis is an inflammatory vasculitis and is a rare cause of stroke. Steroids are the mainstay of treatment and in the long run, steroid sparing agents are used.

Conclusion Clinicians should not forget Takayasu arteritis in young/middle-aged stroke patients, especially when vascular risk factors are absent.

2603 SAFETY AND TOLERABILITY OF ZILUCOPLAN IN RAISE-XT: A MULTICENTER, OPEN-LABEL EXTENSION STUDY IN PATIENTS WITH MYASTHENIA GRAVIS

[1]Angela Genge, [2]Yessar Hussain, [3]Henry J Kaminski, [4]M Isabel Leite, [5]Renato Mantegazza, [6]Kimiaki Utsugisawa, [7]Tuan Vu, [8]Melissa Brock, [9]Babak Boroojerdi, [10]Mark Vanderkelen, [11]Guillemette de la Borderie, [12]Petra W Duda, [13]Anita Moody*, [14]James F Howard. *[1]Clinical Research Unit, The Montreal Neurological Institute, Montreal, Quebec, Canada; [2]Department of Neurology, Dell Medical School, The University of Texas at Austin, Austin, Texas, USA; [3]Department of Neurology and Rehabilitation Medicine, George Washington University, Washington DC, USA; [4]Nuffield Department of Clinical Neurosciences, University of Oxford, Oxford, UK; [5]Fondazione Istituto di Ricovero e Cura a Carattere Scientifico, Istituto Nazionale Neurologico Carlo Besta, Milan, Italy; [6]Department of Neurology, Hanamaki General Hospital, Hanamaki, Japan; [7]Department of Neurology, University of South Florida Morsani College of Medicine, Tampa, Florida, USA; [8]UCB Pharma, Raleigh, North Carolina, USA; [9]UCB Pharma, Monheim, Germany; [10]UCB Pharma, Braine-l'Alleud, Belgium; [11]UCB Pharma, Brussels, Belgium; [12]UCB Pharma, Cambridge, Massachusetts, USA; [13]UCB Pharma, Malvern, Australia; [14]Department of Neurology, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA*

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Objective To evaluate the safety and efficacy of zilucoplan in an interim analysis of RAISE-XT (NCT04225871). Collating long-term clinical data will contribute to an increased understanding of the safety profile of zilucoplan in generalized myasthenia gravis (gMG).

Methods RAISE-XT, a Phase 3, multicenter, open-label extension study, recruited patients with gMG who participated in randomized Phase 2 (NCT03315130) and Phase 3 (NCT04115293) zilucoplan studies. All patients self-administered daily subcutaneous injections of 0.3 mg/kg zilucoplan. Primary outcome was incidence of treatment-emergent adverse events (TEAEs). Key secondary outcomes included Myasthenia Gravis Activities of Daily Living (MG-ADL) score.

Results 199 patients enrolled in RAISE-XT; 104 continued zilucoplan from their qualifying study (zilucoplan group) and 95 switched to zilucoplan from placebo (placebo-switch group). Median exposure at data cut-off was 253.0 (range 29–765) days. 169 (84.9%) patients experienced a TEAE; 46 (23.1%) patients experienced a serious TEAE. Most common TEAEs were headache and worsening of MG, both in 33 (16.6%) patients. At extension study Week 12, after 24 weeks of zilucoplan, the zilucoplan group achieved a least square mean change in MG-ADL score from double-blind study baseline of −6.30 (95% CI: −7.44, −5.15). MG-ADL reduction from baseline for the placebo-switch group, after 12 weeks of zilucoplan, was −6.32 (95% CI: −8.00, −4.65).

Conclusion In this interim analysis of RAISE-XT, zilucoplan demonstrated a favorable long-term safety profile. Efficacy in patients who had previously received zilucoplan continued to improve and was demonstrated for those who switched from placebo. The study is ongoing. Funding: UCB Pharma.

2605 DIAGNOSIS OF ARTERY OF PERCHERON (AOP) STROKE

Delara Javat*, Craig McColl, Peter Foley. *The Canberra Hospital, Garran, ACT, Australia*

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Objectives and Methods The Artery of Percheron (AOP) is an uncommon anatomical variant whereby the paramedian arteries supplying both thalami arise from a single common trunk from either posterior cerebral artery P1 segment. We

describe the case of a 75 year old female who was diagnosed with an AOP stroke after presenting with the triad of altered level of consciousness, memory deficits and vertical gaze palsies.

Results A CT brain and angiogram showed a right P1 segment occlusion. The CT perfusion scan showed a focal area of mildly increased time to peak within the left PCA territory without corresponding cerebral blood flow or volume abnormality. Subsequent MRI revealed DWI hyperintensity with corresponding ADC hypointensity in the bilateral anteromedial thalamus with corresponding T2 FLAIR hyperintensity consistent with an AOP stroke.

Conclusion Knowledge of AOP stroke is important as it is a differential for patients presenting with an abrupt reduction in their level of consciousness. The syndrome is a diagnostic challenge and overlooking it can lead to delays in the provision of hyperacute therapies. CT perfusion is a low spatial resolution study with poor sensitivity for strokes of the deep grey nuclei as these tend to be small. AOP stroke is a mimicker of rostral brainstem stroke (a.k.a 'top of the basilar syndrome'). Therefore if basilar artery patency is observed in a patient despite suggestive symptoms, AOP stroke should be considered. Thalamic perforating branches are rarely visualised on CT angiography because of their narrow diameter therefore an AOP stroke must be inferred.

2606 PREDICT: PREEMPT FIXED-DOSE, FIXED-SITE AND FOLLOW THE PAIN

[1]Corrie Graboski, [2]May Ong-Lam, [3]Werner J Becker, [4]Julia Ma, [5]Katherine Sommer, [6]Kate Watts*, [7]Ian Finkelstein. *[1]Island Health, Brentwood Bay, BC, Canada; [2]St Paul Hospital, Vancouver, BC, Canada; [3]University of Calgary, Calgary, Alberta, Canada; [4]AbbVie, Maddison, NJ, USA; [5]AbbVie, Irvine, CA, USA; [6]AbbVie, Mascot, NSW, Australia *This individual has been added to the author by-line, with the permission of the original authors, for the express purpose of conducting the presentation at a local congress. He/she did not contribute to the content of the publication; [7]Toronto Headache and Pain Clinic, Toronto, ON, Canada*

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Objective Analyse the real-world effectiveness and safety of 155U, 156–195U and 195U onabotulinumtoxinA in patients with chronic migraine (CM) from the PREDICT study.

Methods PREDICT (NCT02502123) was a Canadian 2-year, prospective, observational study in adults with CM. Patients received onabotulinumtoxinA approximately every 12 weeks (≤7 treatment cycles [Tx]). The primary endpoint was mean change from baseline in Migraine-Specific Quality of Life (MSQ) at Tx4. Headache days and physician and patient satisfaction were evaluated throughout. This analysis stratified the safety population (≥1 dose) into 3 groups (155U,156–195U and 195U) by the dose received on ≥3 of the first 4 treatment cycles.

Results 184 patients received ≥1 onabotulinumtoxinA dose, 68 received 155U, 65 received 156–195U and 13 received 195U on ≥3 treatments. Baseline characteristics were similar between groups. Baseline mean (SD) headache days/month 21.6(6.4) 155U; 20(7) 156–195U; and 21.7(6) 195U decreased over time (Tx4: -7.1[6.7] 155U; -6.5[6.7] 156–195U; -11.2 [6.4] 195U versus baseline). All MSQ domains improved in all groups at Tx4 and at the final visit. Physicians rated most patients as improved, and most patients were satisfied at final visit (80.8% 155U; 83.6% 156–195U; 90% 195U). Treatment-emergent adverse events (TEAEs) were reported in 18/68 patients (26.5%) in 155U, 41/65(63.1%) in 156–195U and 10/13(76.9%) in 195U; treatment-related TEAEs were 9 (13.2%), 10(15.4%) and 3(23.1%) respectively; serious TEAEs were 0, 3(4.6%) and 1(7.7%), none were considered treatment-related.

Conclusion Consistent with PREEMPT trials and REPOSE observational study, long-term treatment with onabotulinumtoxinA in PREDICT was safe, well-tolerated, and effective in CM. No new safety signals were identified.

2608 COVID-19 IN A SINGLE-CENTRE COHORT OF PATIENTS WITH MULTIPLE SCLEROSIS: NO DEATHS AND ONE ADMISSION

Ashish Pandey*, James Beharry, Melanie McMurtrie, Edith Cinc, Kelli-Jane Lazarus, Belinda Bardsley, Richard Macdonell. *Austin Health, Heidelberg, VIC, Australia*

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Objectives An understanding of the outcome of patients with multiple sclerosis (MS) who contract COVID-19 is evolving. They may be at higher risk of more severe infection as they are frequently immunosuppressed due to treatment with disease-modifying therapies. This study describes outcomes of a MS patient cohort after COVID-19 infection.

Methods We maintained a prospective database of all patients with MS at Austin Health who reported COVID-19 infection between November 2021 and February 2022. We report relevant demographics, concurrent disease-modifying therapies, and outcomes including hospitalisation and mortality.

Results COVID-19 infection was reported by 50 patients. The median age was 37 (IQR 31–46), 37 patients (67%) were female. The cohort comprised 46 patients with relapsing-remitting MS, three with primary progressive MS, and one with secondary progressive MS. The majority of patients (84%) were on treatment with a disease-modifying therapy and 39 patients (78%) had received at least one dose of COVID-19 vaccination prior to infection. There were no deaths and one acute hospital admission. None have since reported symptoms consistent with long-COVID.

Conclusions In this single-centre cohort of patients with multiple sclerosis and COVID-19 infection, there was an excellent outcome despite high rates of immunosuppression. This suggests vaccinated patients with multiple sclerosis may not be at high risk of poor outcomes. Larger observational studies are recommended to provide more conclusive data.

2610 RESUSCITATION ORDERS DEMONSTRATE DIFFERENCES BY GENDER, STROKE TYPE AND INTERVENTION

[1]Rudy Goh*, [1]Stephen Bacchi*, [2]Christopher Ovenden, [3]Minh-Son To, [4]Joshua Kovoor, [4]Aashray Gupta, [1]Jim Jannes, [1]Timothy Kleinig. *[1]Neurology, Royal Adelaide Hospital, Adelaide, SA, Australia; [2]Neurosurgery, Royal Adelaide Hospital, Adelaide, SA, Australia; [3]Radiology, Flinders Medical Centre, Bedford Park, SA, Australia; [4]Royal Adelaide Hospital, Adelaide, SA, Australia*

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Objectives Resuscitation orders describe individual preferences and types of intervention, such as suitability for cardiopulmonary resuscitation (CPR), that may provide benefit in the event of critical deterioration. The purpose of this study was to examine stroke inpatient resuscitation order completion and content.