patients without localising hypometabolism. Focal hypometabolism within a single epileptogenic lobe was associated with a higher chance of favourable outcome (82.6%) compared to regional hypometabolism (the epileptogenic lobe and an additional adjacent lobe, 61.8%) or diffuse hypometabolism (extending beyond 2 adjacent lobes, 54.5%). Concordance of ^{18}F-FDG-PET with ictal scalp EEG (76.8% vs 59.8%) and MRI (78.9% vs 60.9%) were also associated with higher chances of a favourable outcome compared to non-concordance.

Conclusion Localising ^{18}F-FDG-PET hypometabolism predicts favourable outcome at ≥12 months following epilepsy surgery. Focal hypometabolism and concordance with MRI and ictal scalp EEG findings are additional factors that are associated with favourable outcome.

2627 PITUITARY ABSCESS – A CASE PRESENTATION

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Case presentation A 25-year-old female presented to emergency with 2 days of severe bifrontal headache associated with nausea and rigors. This was on the background of a 3-month history of progressively worsening episodic left-sided frontal headache. Non-contrast magnetic resonance imaging (MRI) of her brain 2 months prior demonstrated a 19x11x13mm pituitary cystic mass. At the time, macroadenoma was the provisional diagnosis and outpatient neurosurgical follow up was arranged. She had no medical history and worked as a doctor.

On admission she was alert and afebrile, with an unremarkable neurological exam. Tests on admission showed a mild neutrophilia, low T3/T4 with normal TSH. MRI demonstrated a 10x21x13mm cystic sellar mass with peripheral contrast enhancement. The lesion was hypointense on T1 and hyperintense on T2.

Immediately after her scan she became febrile, developed nuchal rigidity and confusion. She was treated empirically for meningo-encephalitis. Lumbar puncture(LP) revealed a white cell count of $1777x10^6$ (70% polymorphonuclear, 30% mononuclear cells), protein 0.83g/L and glucose 2.3mmol/L. The possibility of a pituitary abscess(PA) was raised and she was transferred to a neurosurgical unit.

The next day trans-sphenoidal drainage was performed where frank pus was drained, confirming the diagnosis. Histopathology showed a Rathke's cleft cyst with superimposed infection. No pathogen was isolated. Post-operatively she developed diabetes insipidus, low cortisol and hypothyroidism. The patient was commenced on hormonal replacement and completed 4 weeks of IV ceftriaxone and metronidazole.

Post-operative MRI showed a reduction in size of the lesion. Follow up at 4 weeks revealed resolution of her symptoms.

2628 12-MONTH EFFECTIVENESS AND TOLERABILITY OF BRIVARACETAM IN THE REAL-WORLD IN THE INTERNATIONAL EXPERIENCE POOLED ANALYSIS: FINAL RESULTS AND AUSTRALIAN SUBGROUP

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Objectives Assess effectiveness/tolerability of brivaracetam (BRV) in routine practice in a large international population (Spain/Germany/Australia/United States) and Australian patients only.

Method EXPERIENCE/EPD332 was a pooled analysis of patient-level data from patients with epilepsy initiating BRV in clinical practice. Effectiveness/tolerability outcomes were assessed at 3/6/12 months. Patients with missing data after BRV discontinuation were considered non-responders/not seizure free. Subgroup analyses were performed in Australian patients.

Results Analyses included 1644 adults; 92.2%/7.7% had focal-onset/generalized-onset seizures at baseline (mean: 5.5 prior ASMs at baseline [n=1620], 2.1 concomitant ASMs at index [n=1644]; 605/1616 (37.4%) reported psychiatric comorbidities at index). Median BRV duration: 345.5 days (n=1629); median dose at index: 100 mg/day (n=1615). ≥50% seizure reduction from baseline at 3/6/12 months: 32.1%/36.7%/36.9% (n=619/867/822); seizure-freedom (no seizures within 3 months before timepoint): 22.4%/17.9%/14.9% (n=923/1165/1111); continuous seizure-freedom after baseline (CSF: no seizures from baseline): 22.4%/15.7%/11.7% (n=923/1165/1111). Treatment-emergent adverse events (TEAEs) since prior visit at 3/6/12 months: 25.6%/14.2%/9.3% (n=1542/1376/1232). Of patients with TEAEs at 3/6/12 months, 6.4%/2.6%/2.6% had psychiatric TEAEs and 1.6%/0.8%/0.6% had behavioural TEAEs. During follow-up, 551/1639 (33.6%) patients discontinued BRV.

In Australian patients (n=291), 82.5%/16.2% had focal-onset/generalized-onset seizures at baseline (mean: 4.9 prior ASMs at baseline, 2.3 concomitant ASMs at index). ≥50% seizure reduction from baseline at 3/6/12 months: 41.4%/30.8%/20.5% (n=87/107/88); seizure-freedom: 39.0%/29.1%/24.0% (n=159/158/121); CSF: 39.0%/24.7%/19.8% (n=159/158/121); TEAEs since prior visit at 3/6/12 months: 15.1%/5.8%/2.7% (n=291/291/291). During follow-up, 66/291 (22.7%) patients discontinued BRV.

Conclusion BRV was effective and well tolerated in highly drug-resistant cohorts in a variety of real-world settings, including Australian patients.

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