with early benefit using combined STN and GPi DBS. Longer follow-up in a larger number of patients is required to ensure the long-term effectiveness of this approach.

2668 OCULOPALATAL TREMOR SECONDARY TO METASTATIC NON-SMALL CELL LUNG CANCER

[1,2]Tram BT Nguyen*, [1,2]Roy G Beran. [1]*Department of Neurology, Liverpool Hospital, Liverpool, NSW, Australia*; [2]*School of Medicine, UNSW Sydney, Syndey, NSW, Australia*

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Objectives Oculopalatal tremor (OPT) is a rare delayed presentation of brainstem or cerebellar damage resulting in myoclonus of the soft palate associated with a synchronous pendular nystagmus. The majority of cases are related to a vascular insult causing disruption of the dentato-rubro-thalamic tract (Guillain-Mollaret triangle) causing hypertrophic olivary degeneration. OPT is often difficult to treat with no established consensus or guidelines. We present the case of a 61-year-old lady who presents with OPT secondary to a metastatic lesion in the posterior medulla and treated with sodium valproate with good effect.

Case A 61-year-old lady presented with a three-month history of declining mobility and function secondary to troubling eye movements and oscillopsia. She has a background of non-small cell lung cancer with known cerebral and bone metastases, including a lesion at the pontomedullary junction, diagnosed two years earlier. Examination revealed an oculopalatal tremor as well as a left seventh and bilateral fourth cranial nerve palsies. MR brain imaging, prior to admission, demonstrated interval development of bilateral hypertrophic olivary degeneration. She was commenced on sodium valproate with an improvement in the amplitude of nystagmus and functioning one week later. She continued to have sustained benefits and improved quality of life on review a month later.

Conclusion OPT is a rare consequence of an injury to the brainstem or cerebellum and can result in quite disabling oscillopsia. It is often difficult to treatment but sodium valproate may be an option due to its known benefits in myoclonus in addition to its psychotropic properties.

2670 ACUTE SUBDURAL HYGROMA MIMICKING AS UNILATERAL PACHYMENINGITIS

Yianni Mantzaridis*, Christopher McAulay-Powell, Peter Morris, Rowan Miller, Abhishek Malhotra. *University Hospital Geelong, Geelong, VIC, Australia*

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Background We report an unusual case of an acute subdural hygroma mimicking hemi-pachymeningitis in a young male with a history of alcohol dependence and dermatological lupus.

Method Case Report

Result A 42-year-old-man with a history of alcohol dependence, chronic thrombocytopenia and dermatological lupus presented with two generalised tonic-clonic seizures in the setting of alcohol withdrawal. Post seizure hyperpyrexia led to empirical initiation of infective encephalitis cover with aciclovir and ceftriaxone. He also had clinical Wernicke's encephalopathy, treated with thiamine. Initial CT of the brain demonstrated a right sided parietal scalp haematoma but no intracranial pathology, and in particular no subdural collection. MRI brain three days into admission showed what appeared to be uniform hemi-pachymeningeal contrast enhancement on post contrast fluid attenuated inversion recovery (FLAIR) imaging suggesting unilateral pachymeningitis. However, further review of the images showed presence of CSF signal over the left cerebral convexity which was exhibiting progressive contrast enhancement. The repeat CT brain confirmed the interim development of a hypodense subdural collection on the left in keeping with an acute subdural hygroma. This was managed conservatively. The patient remained clinically well and was discharged home.

Conclusion Acute traumatic subdural hygroma can occur without a subdural hematoma. The striking enhancement of the subdural CSF space in these cases on contrast enhanced MRI, as noted in our case, may mimic 'hemi-pachymeningitis' radiologically. This hemi-meningeal enhancement pattern is rarely seen and may not be of an inflammatory nature as seen in this case with subdural hygroma.

2672 THROMBOLYSIS OF THE COMATOSE PATIENT – A CASE OF SUSPECTED TRANSIENT BASILAR ARTERY OCCLUSION

[1]Krishna Rajan, [1]Alex Kao*, [1,2]Martin Punter. [1]*Department of Neurology, Wellington Regional Hospital, Wellington, New Zealand*; [2]*Department of Medicine, University of Otago, Wellington, New Zealand*

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Case An 88 year-old functionally independent man presented to the Emergency Department with a Glasgow Coma Scale of three after a witnessed collapse. On examination, the left eye was adducted, the left pupil fixed and dilated at six millimetres, the oculo-cephalic reflex was abnormal, and myoclonus was witnessed in the right side. Babinski was positive bilaterally. Electrocardiogram (ECG) revealed atrial fibrillation. Initial concern was for a catastrophic intracranial haemorrhage however plain Computerised Tomography (CT) scan was normal.

CT angiogram revealed no acute basilar artery (BA) occlusion, however, there was ongoing concern for perforator artery involvement given the clinical picture. As he presented within the thrombolysis window with an excellent premorbid state, thrombolysis was offered as a life-saving treatment.

He subsequently responded remarkably to treatment with vast improvement to consciousness and speech. Magnetic Resonance Imaging (MRI) revealed bilateral infarcts within the BA territory. He was discharged home 15 days later with mild residual left sided ataxia and upward gaze palsy.

Conclusion BA occlusion is a neurological emergency due to the mortality associated with brainstem dysfunction, often presenting with coma.[1] There is evidence for use of Endovascular Clot Retrieval (ECR) for BA occlusion as a life-saving procedure,[2 3] however literature describing outcomes of thrombolysis for comatose patients without evidence of a BA thrombus is lacking. In this case, we show that brainstem signs in an