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

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10.1136/bmjno-2023-ANZAN.80

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

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10.1136/bmjno-2023-ANZAN.81

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

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10.1136/bmjno-2023-ANZAN.82

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

acutely obtunded patient with relatively innocuous hyperacute vascular imaging, may suggest a transient BA thrombus. Therefore, these patients may benefit from thrombolysis despite initially poor prognostic indicators.

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2674 TREATMENT EFFICACY OF SWITCHING CGRP MONOCLONAL ANTIBODY THERAPIES FOR CHRONIC MIGRAINE IN AUSTRALIA: A MULTICENTRE RETROSPECTIVE COHORT STUDY

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10.1136/bmjno-2023-ANZAN.83

Objectives To determine the treatment response when switching from one class of calcitonin gene related peptide receptor monoclonal antibody (CGRP-receptor mab) to another class of calcitonin gene related peptide monoclonal antibody (CGRP mab) in chronic migraine in the real world setting in Australia.

Methods Patients were prescribed erenumab (CGRP-receptor mab) in the setting of either a product familiarisation program or private pay access in 3 headache centres in Australia in 2018 which was discontinued in 2020. In 2021, galcanezumab and fremanezumab (CGRP mab) were made available on the Pharmaceutical Benefits Scheme. We retrospectively analysed the treatment effectiveness to CGRP mab in this cohort with chronic migraine and compare this to their treatment response to erenumab.

Results We analysed 170 patients with chronic migraine treated with erenumab in our original cohort. Out of the 170, we had 88 patients who switched to either galcanezumab or fremanezumab. The average age was 48 years old (rage 18–73), female n= 79 (90%), baseline monthly migraine days, mean 18.6 (SD 7.6), monthly migraine days at 3 months on erenumab was 9.4 (SD 7.6), monthly migraine days at 3 months on CGRP mab was 8.7 (SD 8.2). Out of the 36 patients who were non-responders to erenumab, 24 patients (67%) had a 50% treatment response rate when switched to a CGRP mab.

Conclusion Our analysis support that the CGRP mab treatment effectiveness is similar to CGRP-receptor mab at 3 months in chronic migraine. Non-responders to erenumab benefited from a treatment switch to a CGRP mab.

2675 LONGITUDINAL EPIDEMIOLOGY OF MULTIPLE SCLEROSIS IN TOWNSVILLE, QUEENSLAND, AUSTRALIA 2012–2022

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10.1136/bmjno-2023-ANZAN.84

Background Multiple sclerosis (MS) is the most common cause of nontraumatic disability in young adults. Though Australia is a high frequency region for MS, North Queensland is regarded as a region of low prevalence. However the previous estimate of 11.1/100,000, dates from 1981.

Aims To study the epidemiology of MS in Townsville, Queensland, between 2012–2022.

Methods Cases identified from records at the tertiary hospital in the region, extracting information about demographics, MS diagnosis, and phenotype. Cases within the Townsville statistical region were included for prevalence estimates in 2012 and 2022. Cases with onset between 2012–22 were included in incidence estimates. Residents with MS dying between 2012–22 were included in mortality estimates. Prevalence, incidence and mortality rates were age-standardised. Differences in prevalence over time were assessed by Poisson regression.

Results Females comprised over two-thirds of cases, mostly relapsing-remitting phenotype. 73 cases were identified in 2012, yielding a prevalence of 39.7/100,000 (42.7 age-standardised), higher among females (59.3 vs 25.9/100,000, F/M=2.3). Prevalence increased by 125.4% in 2022, 175 cases yielding crude prevalence of 89.5/100,000 (94.6 age-standardised), higher among females (134.6 vs 54.0/100,000, F/M=2.5). MS onset incidence rate over 2012–22 was 3.7/100,000 PY (age-standardised 3.7). Age-standardised 2012–22 mortality rate was 0.9/100,000, average age increased from 47.8 to 58.3 years.

Discussion Northern Queensland is no longer a low-frequency region for MS, with 2022 prevalence on par with higher latitudes in Australia. These results have implications for clinical practice and resource allocation. These results bear implications for the oft-described latitudinal gradient in MS in Australia.

2676 ENTEROVIRUS INFECTION POST OCRELIZUMAB THERAPY

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10.1136/bmjno-2023-ANZAN.85