impaired ICP CPP and PRx). Prognostic importance for mortality was assessed using a multivariable logistic regression model.

Results 822 patients were included of which 76% had elevated ICP, 92% had disturbed pressure reactivity and 55% had low CPP for at least an hour. Percentage of overall monitoring time spent with isolated insults were: 2.9% for CPP; 22% for ICP; and 23% for PRx. Percentage time of combined insults were: 5.8% PRx and ICP; 1.6% for CPP and ICP; 1.5% for CPP and PRx; and 1% for CPP ICP and PRx. Combined insults of CPP, ICP and PRx had the strongest relation with mortality on multivariable analysis (OR 1.18 95%CI1.11–1.28, p<0.001).

Conclusion ICP and autoregulation insults are common after TBI and often occur independently. Concurrent ICP, CPP and PRx insults portend worse prognosis than when a single variable is deranged.

2808 EXPLORING THE UPTAKE, AND REAL-WORLD EFFICACY OF INTRAMUSCULAR TIXAGEVIMAB150MG/150MG CILGAVIMAB (EVUSHELD^{TM}) IN MULTIPLE SCLEROSIS PATIENTS (PWMS) DURING COVID 19 PANDEMIC

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Background In Australia, Evusheld – (tixagevimab150mg and cilgavimab150mg) is currently the only pre-exposure prophylaxis for COVID-19 infection Persons with Multiple Sclerosis (pwMS) who are treated with anti-CD20 antibodies and sphingosine 1- phosphate receptor modulators have an impaired vaccine-induced immune response, resulting in an increased risk of severe COVID-19 infection. The uptake and efficacy of Evusheld in real-world MS populations is not known and forms the basis of this study.

Objective To analyse the uptake, compliance, and real-world efficacy of Evusheld in prevention and severity of COVID 19 infections.

Methods This study was approved by Human Research Ethics Committee (HREC) and was conducted in a tertiary MS centre. We retrospectively analysed electronic medical records (EMR) and MSBase registry of pwMS with documented prior patient driven consultation to discuss Evusheld. Follow up phone call to confirm administration and any COVID 19 infection was undertaken by two nursing staff.

Results Of the eligible pwMS in our service only 52.7% requested a formal consultation to discuss Evusheld. A total of 233 pwMS were included in the study. Evusheld consultation resulted in 71.67% Evusheld administration. 94.1% of pwMS who received Evusheld had already has three or more COVID 19 vaccines. 19.16% of those who had received a single dose of Evusheld later tested positive for COVID 19 during the 26 weeks observation period. The majority of these individual (68.8%) were on Ocrelizumab. Nil required hospitalisation. Administration site setting was more favourable at opportunistic infusion centre.

2811 ADMISSION HAEMOGLOBIN CONCENTRATION AND OUTCOME AFTER ENDOVASCULAR THROMBECTOMY IN LARGE VESSEL OCCLUSION STROKE

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Objectives After ischaemic stroke, low and high haemoglobin levels have been shown to be detrimental in large epidemiologic studies. It is unclear whether admission haemoglobin levels have prognostic value in patients treated with endovascular thrombectomy (EVT).

Methods Consecutive anterior and posterior circulation stroke patients who presented for EVT were included in this retrospective analysis. Admission haemoglobin levels were divided into quintiles (Q1-Q5). Outcome measures included early neurologic deterioration (END), defined as an NIHSS increase of $\geq$ 4 points from admission to 24 hours, 90-day functional dependence (modified Rankin score >2) and 90-day mortality.

Results 970 EVT patients (554 male, mean ± SD age of 67 ± 15, mean ± SD admission haemoglobin level of 138 ± 18) were included. In binary logistic regression adjusting for potential confounders, low admission haemoglobin predicted functional dependence at day 90 (Q1 vs Q3 OR 1.63; 95% CI 1.01 – 2.62, p=0.04) but did not predict END or death at day 90. High admission haemoglobin levels predicted END (Q5 vs Q3 OR 2.54 95%CI 1.20- 5.37, p= 0.01), death at day 90 (Q5 vs Q3 OR 3.11 95% CI 1.50 – 6.41, p=0.002) as well as a trend towards increased functional dependence at day 90 (Q5 vs Q3 OR 1.51 95% CI 0.93- 2.44, p=0.10).

Conclusion In stroke patients treated with EVT, both low and high admission haemoglobin levels are associated with worse patient outcomes. Optimizing haemoglobin levels may be a therapeutic target in large vessel occlusion stroke.

2813 SUBHYALOID HAEMORRHAGE POST THROMBOLYSIS: AN UNDER RECOGNISED COMPLICATION?

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Introduction Impairment of vision following an acute stroke is a common finding with many aetiologies in this population. Acute changes in vison post thrombolysis although also frequently observed is often overlooked. This case demonstrates an important complication post thrombolysis, subhyaloid and vitreous haemorrhage, which can benefit from early recognition and management.

Case An 80 year old female presented as a stroke code, within thrombolysis window, with expressive and receptive aphasia, right sided weakness, NIHSS 8. Initial stroke series imaging with CT brain, CT carotid angiogram and CT perfusion scan did not identify an established stroke, large vessel occlusion or definitive perfusion defect. The patient was thrombolysed with Alteplase 0.9mg/kg, and transferred to the intensive care unit, as per local protocol for ongoing observation. There was rapid improvement in her right sided weakness with more gradual improvement in her aphasia. Day 1

post thrombolysis a non contrast CT brain was performed and was reported negative for haemorrhage. The patient reported altered vision in her left eye, worsening over the 24 hours since thombolysis. A further non contrast CT brain demonstrated an acute posterior haemorrhage within the left globe that had been present but not noted on previous imaging. Formal ophthalmology review and B scan ultrasonography confirmed subhyaloid haemorrhage with further vitreous haemorrhage. The patient proceeded to undergo vitrectomy under sedation with mild improvement in visual acuity at 3 months post discharge.

2815 PHENOTYPING VARIANTS OF TUMEFACTIVE DEMYELINATING LESIONS ACCORDING TO CLINICAL AND RADIOLOGICAL FEATURES – A CASE SERIES

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Objectives Apart from the rare demyelinating variants of Marburg's acute MS, Schilder's Disease, and Balo's concentric sclerosis, there are no detailed data to phenotype tumefactive demyelinating lesions (TDLs), aside from being greater than 2cm on MRI. We identified similar clinical and radiological features of 4 patients with TDLs that may represent a distinct phenotype. Our primary objective was to describe the details of these patients, with secondary objectives of a literature review and treatment recommendations.

Methods We performed a retrospective cases series review of 4 patients with very large TDLs (greater than 4cm). We reviewed the clinical features of each patient including EDSS scores at multiple time points. Results of investigations including blood tests, CSF analysis and radiological features, as well as treatments were described. We also summarized relevant literature via database searches including PubMed.

Results All patients presented with hemiplegia and apraxia. The mean age at onset was 37 years with an equal sex distribution. All patients were diagnosed with TDLs based on MRI and CSF analysis, precluding the need for brain biopsy. All responded to potent immunotherapy (including high dose corticosteroids, plasma exchange, rituximab and/or cyclophosphamide). The mean lag from diagnosis to treatment was 1 day. The median EDSS at presentation was 6 and recovery to a median EDSS of 2 occurred over 6 months.

Conclusions We propose that TDLs greater than 4cm are termed giant demyelinating lesions (GDLs). We suggest using this criterion, with clinical and laboratory data, to lead to rapid diagnosis and treatment.

2816 DIAGNOSTIC UTILITY OF LONG-TERM AMBULATORY VIDEO ELECTROENCEPHALOGRAPHY MONITORING

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Objectives Ambulatory video electroencephalography (A-VEEG) represents a low-cost, convenient and accessible alternative to inpatient VEEG monitoring, however few studies have examined their diagnostic yield. In this large-scale Australian study, we evaluated the efficacy of long-term A-VEEG recordings in capturing diagnostic events and addressing the referring question(s).

Methods Adult and paediatric A-VEEG reports from January 2020 to June 2021 were reviewed retrospectively. Diagnostic utility was explored by examining i) time of first diagnostic event, and ii) ability to address the referring question(s) – seizure *localisation*, *quantification*, *classification*, and/or *differentiation* (differentiating epileptic from non-epileptic events).

Results 600 reports were analysed, ranging 1–10 days duration (mean=5.7). At least one event was captured in 46% of recordings. 13% captured epileptic events and 36% captured events without electrographic changes. Unrecognised events were captured in 52 recordings, and were mostly (81%) epileptic events. 9% of events were not classified due to absence of clinical, video or electrographic data. 234 recordings (39%) captured a diagnostic event, of which 96% were first captured within the initial five days of recording. 85% of reports with at least one event (and 52% of all reports) captured diagnostic events and/or electrographic changes which unequivocally addressed the referrer's question(s). Specifically, this represented 75% of reports (27/36) regarding *classification* of seizures, and 46% of reports (235/515) regarding *differentiation* of events. 45% of studies captured interictal abnormalities; in their absence, almost all seizure-like events (96%) were non-epileptic in nature.

Conclusions A-VEEG recordings were of high quality and diagnostic value in capturing clinically relevant events.

2817 LATE ONSET SELENON-RELATED MYOPATHY PRESENTING WITH SEVERE RESPIRATORY FAILURE

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Multiminicore disease is the second commonest form of congenital core myopathy, caused by autosomal recessive gene mutations in SELENON, MYH2, TTN, CCDC78 or MYH7.[1] Though there is some clinical heterogeneity, the classical form is associated with predominant axial weakness and usually presents as a neonate or in the first year of life.

Case A 39-year-old man presented in severe hypercapnic respiratory failure. History was significant for scoliosis since childhood and pulmonary hypertension. Initial hospital admission required intubation and ventilation, he was treated for pneumonia and discharged home with non-invasive ventilation. Neurology review found a Trendelenberg gait, symmetrical proximal weakness, and positive Gower's sign; there were no sensory deficits. Serological testing demonstrated a normal creatine kinase level with negative myositis antibodies. Electrophysiology was normal, EMG disclosed myopathic units proximally. A muscle biopsy showed non-specific myopathic features. A subsequent neuromuscular genetic panel demonstrated two pathogenic variants in the Selenon gene (c.943G>A (p.Gly315Ser)) associated with multiminicore myopathy. Reassessment of the muscle biopsy, including with electron microscopy, did not find definite cores. The patient was