with alpha-synucleinopathy, 46 with autoimmune autonomic disorders, and 194 with peripheral neuropathy.

Results Of 642 patients, 477 had nOH on AST or HUT (74.3%). Of these, 8.6% were identified only on HUT and 4% only on AST. Delayed OH was identified in 8.5% of cases on AST and in 4.5% of cases on HUT. Delayed OH was more commonly identified in patients with peripheral neuropathy and less commonly seen in patients with AAD. Patients with dOH had lower supine blood pressure (BP), smaller drop in last BP, lower orthostatic intolerance ratio, and greater rise in noradrenaline levels on upright tilt.

Conclusion HUT and AST are complementary techniques in the recognition of nOH in patients with autonomic failure. Prolonged orthostatic challenges are useful for the detection of dOH, which appears to reflect milder sympathetic dysfunction in patients with autonomic failure.

3111 SPONTANEOUS BILATERAL VERTEBRAL ARTERY DISSECTION CAUSING YOUNG ADULT ISCHAEMIC STROKE: A CASE STUDY OF A NOVEL *SMAD3* VARIANT-RELATED LOEYS-DIETZ SYNDROME

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Background Young adult ischaemic stroke results in considerable mortality and morbidity, yet in most cases, no cause is identified. Loey-Dietz syndrome (LDS) encompasses a constellation of autosomal dominant connective tissue disorders secondary to pathological genetic variants in the Transforming Growth Factor Beta (TGFβ) signalling pathway. It is characterised by arterial tortuosity, aneurysms, and dissections, but can manifest in multi-organ system involvement. LDS3 accounts for approximately 4–6% of LDS cases and is defined by heterozygous pathogenic variants in the Mothers Against Decapentaplegic Homolog 3 (*SMAD3*) gene, which encodes a transcription factor in the downstream TGFβ signalling cascade. Although abnormalities in supra-aortic vessels, including carotid and vertebral arteries are possible in LDS3, to date there have been no reported cases. We report the first case of spontaneous bilateral vertebral artery dissection related to LDS3 from a novel *SMAD3* variant.

Case A 25-year-old male with a new diagnosis of LDS3, presented with unprovoked bilateral vertebral artery dissections and posterior circulation ischaemic stroke. Genetic analysis revealed a novel SMAD3 c.(715 G>C) p.(Glu239Gln) variant. He has no residual clinical signs or symptoms from the ischaemic stroke, but has developed multiple vertebral artery aneurysms. Family screening demonstrated an identical mutation in his mother, who displays a clinical phenotype of severe posterior circulation dolichoectasia without a history of ischaemic stroke.

Conclusions Our case highlights the importance of screening in appropriate patient groups, particularly young adults. Accurately identifying genetic causes of stroke allows for improved patient management including familial screening, access to emerging therapies and pre-implantation genetics.

3112 CEREBRAL INFLAMMATION SECONDARY TO POLYMER EMBOLIZATION FOLLOWING ENDOVASCULAR CLOT RETRIEVAL FOR ISCHAEMIC STROKE IN A YOUNG WOMAN WITH AUTOIMMUNE COMORBIDITIES

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Background/Objectives Inflammatory reactions to catheter polymer coating emboli are a rare complication of endovascular procedures with potentially devastating consequences. Prompt recognition and early commencement of immunosuppressive therapy is key, though optimal treatment guidelines are lacking.

Methods Case report.

Results A 36-year-old woman was managed for a left middle cerebral artery stroke with endovascular clot retrieval (ECR) with stent retriever and primary aspiration using REBAR-18 and Phenom Plus (Medtronic) and SL-10 (Stryker) catheters. Her initial aphasia resolved but she represented 3 weeks later with a severe persistent headache. Her medical history included psoriatic arthritis on methotrexate and leflunomide, type 1 diabetes mellitus, atopic disease and migraine. Interval MRI scans demonstrated multiple new nodular and linear foci of enhancement in the left hemisphere. CSF examination revealed a neutrophilic pleocytosis and normal protein. Brain biopsy demonstrated a focus of neutrophilic microabscess with surrounding reactive brain tissue and isolated multinucleated giant cells containing foreign material. She received pulsed intravenous methylprednisolone, intravenous antibiotics despite negative cultures and remains on oral prednisolone and methotrexate. Her headache resolved. Complicating further treatment decisions are an indeterminate tuberculosis result and flaring arthritis.

Conclusion/Discussion This case adds to the limited literature on similar foreign body reactions. Of note is that this complication occurred in a patient already on immunosuppressant medication and her neutrophilic CSF pleocytosis which has not been reported previously. While this outcome remains a rare complication of ECR, our case illustrates the need for ongoing awareness around such complications and more experience to guide optimal management.