

studies was performed in accordance with PRISMA guidelines. Inclusion criteria were adult patients with ischemic stroke with permanent basilar artery stent placement within 48 hours of onset. Data were extracted by two independent reviewers. Additional cases from our institution were identified via a local stroke registry. Results: Of 212 screened articles, patient-level data was reported in 35 studies (93 individuals) and six additional patients were included from our registry. Patients (n=99, 63% male; median age 64) most often presented with mid-basilar occlusion (52%) and 76% received treatment within 12 hours of onset. Favorable angiographic results occurred in 67%. The final modified Rankin Scale score (mRS) was 0-3 for 56% of patients; mortality was 29%. Those with complete flow post-procedure were more likely to have a final mRS of 0-3 (p=0.05). Conclusions: In 99 cases of basilar stenting in hyperacute stroke, favourable angiographic and functional outcomes were reported in 67% and 56% of patients, respectively. International multi-center registries are required to establish benefit and identify patient and technical factors that predict favorable outcomes.

OTHER ADULT NEUROLOGY

P.057

When you hear hoofbeats, think horses AND zebras

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Background: HIV-associated CD8 encephalitis (CDE) is a severe inflammatory disorder characterized by infiltration of the brain by CD8+ T-lymphocytes in HIV positive patients, often when the virus is well-controlled by anti-retroviral therapy (ART). Hallmark clinical features include headache, confusion and progressive cognitive decline. Most patients who receive prompt corticosteroid therapy evolve favorably, though if left untreated, CDE can lead to coma and even death. The therapeutic impact of altering the ART regimen while giving corticosteroids remains unclear. Methods: Patient chart, functional measures, and laboratory findings were reviewed for the length of the patient's two hospitalisations for CDE in 2019 and 2021. Results: Here we present a case of an HIV positive 43-year-old male who presented with headache, confusion and memory issues both in 2019 and 2021. Imaging and lumbar puncture guided the diagnosis of CDE in 2019, while careful patient history on the patient's second hospitalisation confirmed the diagnosis of HIV encephalitis due to medication non-compliance in 2021. Conclusions: This case adds to the current state of knowledge regarding the clinical presentation of CD8 encephalitis, while highlighting both similarities and differences with other CNS pathology seen in the context of HIV.

P.058

Spinal arachnoiditis as a complication of cryptococcal meningitis

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Background: Spinal arachnoiditis is a rare condition involving progressive fibrosis of the spinal arachnoid membrane and can be secondary to multiple spinal surgeries, intrathecal chemotherapy, or infection. This condition can manifest as lumbosacral radiculopathy, cauda equina syndrome, myelopathy, or syringomyelia. Methods: We present a case of a 38-year-old female with recent cryptococcal meningitis treated with amphotericin B and flucytosine, who re-presented to hospital several weeks after discharge with decreased mobility requiring a wheelchair, falls, and urinary and fecal incontinence. Results: Examination revealed lower extremity pyramidal weakness, hyperreflexia, and upgoing plantar responses. CSF analysis showed white blood cells of 147×10^6 cells/L, protein of 4.07 g/L, and glucose of 0.4 mmol/L. Cryptococcal antigen was positive, but fungal culture was negative x 5 days, suggesting adequate initial treatment of cryptococcal meningitis. MRI spine revealed tethering of the cervical cord posteriorly at C4-5 and tethering of the midthoracic cord anteriorly. The patient was treated with IV methylprednisolone 1 g/kg daily for 5 days without significant improvement. Conclusions: Spinal arachnoiditis secondary to infection is thought to be caused by post-infectious inflammatory response syndrome (PIRIS) and is treated with IV methylprednisolone. In spinal arachnoiditis secondary to cryptococcus, the clinical findings may be confounded by the presence of hydrocephalus or myelopathy.

OTHER MULTIDISCIPLINARY

P.059

Management of motor symptoms for patients with advanced Parkinson's disease without safe oral access: a scoping review

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Background: Parkinson's disease (PD) is the second most common neurodegenerative disorder worldwide. Oral medications for control of motor symptoms are the mainstay of treatment however, as the disease progresses, patients with PD may develop dysphagia or other medical illnesses that prohibit them from safely taking oral medications. Currently there are no clinical

guidelines for managing distressing motor symptoms in patients with PD and severe dysphagia, which can therefore be quite challenging. Methods: A scoping review using MEDLINE, EMBASE, CENTRAL, CINAHL, AgeLine and Psyc INFO databases (1946-2021) was conducted. Articles examining PD with dysphagia in palliative care or at end-of-life were included. Studies that included patients who were also on oral PD medications or received device-aided therapy were excluded. Results: Of 3836 articles screened for title and abstract, 274 were selected for full text review, and 20 articles were finally selected for data extraction. These included five case reports, one retrospective cohort study, one book chapter and 13 narrative reviews. Conclusions: There are very few articles addressing the issue of treatment of patients with advanced PD who are unable to take oral medications. Although rotigotine patch and apomorphine injections are most frequently recommended, there are no clinical trials in this patient population to support those recommendations.

P.060

Clinical milestones in PSP and MSA as triggers for palliative care intervention

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Background: Progressive Supranuclear Palsy (PSP) and Multiple System Atrophy (MSA) are neurodegenerative disorders with disabling morbidities and premature death. Variable illness trajectories make the timing for initiating neuropalliative care unclear. This scoping review aims to identify milestones relevant to survival and neuropalliative care in PSP and MSA. Methods: A systematic literature search was performed in Medline and EMBASE databases to identify publications investigating predictors of survival in PSP and MSA. Titles and abstracts of 2091 articles were independently screened by two reviewers and 22 research studies published after 2010 were included. Results were qualitatively combined to suggest triggers for targeted palliative care throughout the disease trajectory. Results: ‘Milestones’ are well documented, clinically relevant disease points prompting further care. Important milestones include frequent falls, cognitive impairment, severe dysarthria, severe dysphagia, wheelchair dependence, urinary catheterisation, and institutionalization. Early disease milestones include falls and cognitive impairment in PSP, and urinary catheterization and falls in MSA. Time from milestone to death is variable. Conclusions: Milestones can be used to follow disease progression and help predict survival. We propose a framework in which milestones are used as triggers for targeted neuropalliative care interventions including the early initiation of a primary palliative care or referral to specialised palliative care services.

STROKE

P.061

How neurologists screen for occult cancer in acute ischemic stroke

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Background: People with acute ischemic stroke (IS) have a higher prevalence of occult malignancy. Consensus is lacking, however, on the extent of cancer screening tests that should be offered in this population. We performed a single-center study to review current cancer screening practices in acute IS. Methods: We reviewed consecutive admissions for acute IS at our institution between January and December 2020. We defined extensive cancer screening as i) a cancer investigation test falling outside Canadian guidelines, or ii) any chest, abdomen or pelvis imaging by CT, TEP/CT or ultrasound. We compared clinical features of people with and without extensive screening with Fisher and Mann-Whitney U tests. Results: Among 171 patients with acute IS, 11 (6.4%) underwent extensive cancer screening. A lower BMI was the only clinical feature associated with extensive cancer screening ($p=0.013$). Markers that were not associated with extensive screening included age ($p=0.479$), male sex ($p=0.758$), cryptogenic etiology ($p=1.000$), infarctions in multiple vascular territories ($p=0.748$), hemoglobin ($p=0.505$), fibrinogen ($p=0.162$) and C-reactive protein ($p=0.442$). Conclusions: Common predictors of occult cancer were not associated with more extensive cancer screening in this small sample of IS. Validated clinical prediction models may help clinicians guide cancer investigations in IS.

P.062

Physician approaches to anti-thrombotic therapies, imaging and revascularization for acutely symptomatic carotid stenosis: a hot carotid qualitative study

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Background: There are uncertainties regarding the optimal management of acutely symptomatic carotid stenosis (“hot carotids”). We sought to explore the approaches of stroke physicians to anti-thrombotic management, imaging, and revascularization in patients with “hot carotids”. Methods: We used a qualitative descriptive methodology to examine decision-making approaches of physicians regarding the management of hot