onset time, and associated symptoms. The receiving hospital can add doctors to the patient's thread, and the stroke team can prepare for patient arrival. **Conclusions:** We plan to measure the median symptom onset-to-hospital time in patients with strokes, and monitor the change in door-to-needle time following implementation at an Ontario Regional Stroke Centre.

P.038

Bilateral carotid thrombi and cerebral infarction as a manifestation of heparin-induced thrombocytopenia with normal platelet count: a case report

*P Malla (WASHINGTON)**

doi: 10.1017/cjn.2019.138

Background: This is the first report of Heparin induced thrombocytopenia (HIT) presenting as bilateral carotid thrombi and multiple cerebral infarcts. **Methods:** 54 year old woman presented with sudden onset of right arm numbness and weakness two days after discharge from hospital. During her hospitalization 9 days prior, she underwent colovesicular fistula repair, received heparin subcutaneously for DVT prophylaxis and had normal platelet counts. **Results:** On this admission, MRI Brain showed scattered multiple acute infarcts within the cortex of bilateral cerebral hemispheres. CT angiography head /neck showed non-occlusive thrombi at the carotid bifurcations bilaterally. Platelet count on admission was 267 K/uL q which decreased to 125 K/uL the next day, after which heparin was started for the carotid thrombi. The platelet count rapidly decreased further to 79 K/uL leading to suspicion for HIT and switching to Argatroban. HIT and serotonin release assay were positive confirming the diagnosis of HIT. CT chest and tranthoracic echocardiogram was normal. Venous Duplex of bilateral upper and lower extremities were negative for DVTs.Hypercoaguable evaluation was negative. **Conclusions:** This case highlights the importance of identifying HIT as a cause of arterial thrombosis and stroke even with normal platelet counts in the clinical setting of recent heparin use.

Other Adult Neurology

P.039

Generating choosing wisely Canada recommendations for neurology

C Beyak (Calgary) F Costello (Calgary) P Couillard (Calgary)*

doi: 10.1017/cjn.2019.139

Background: Many guidelines in neurology encompass the principles of Choosing Wisely Canada (CWC): resource stewardship, patient safety, and high value care. There are currently 49 medical societies with CWC recommendations excluding the Canadian Neurologic Society (CNS). **Methods:** A descriptive process for list generation is outlined. A review of the American Choosing Wisely recommendations was undertaken to generate an adapted list of ten recommendations. CNS board members vetted this list and an online survey was sent to each CNS member. **Results:** A short list of recommendations endorsed by the CNS membership at large will be presented according to the survey results. CWC promotion of the list will take place to reach specialists, primary care providers, and trainees to ensure high value neurological care delivery is the standard across Canada. **Conclusions:** The process to delineate CWC recommendations for neurology is outlined. Participating in the CWC movement is an important leadership initiative for the CNS. It demonstrates the commitment of Canadian neurologists to the principles of high value patient care in neurology.

P.040

Efficacy and safety of periodic albumin infusions in refractory postural orthostatic tachycardia syndrome: a comparative study

ZA Siddiqi (Edmonton) D Blackmore (Edmonton) A Soloway (Edmonton)*

doi: 10.1017/cjn.2019.140

Background: Postural Orthostatic Tachycardia Syndrome (POTS) causes excessive heart rate and orthostatic intolerance on standing. About 25% patients have refractory POTS. Saline infusions reduce improve quality of life in such patients. Intravenous albumin expands circulatory volume by increasing plasma oncotic pressure. Efficacy of albumin infusions in POTS has not been studied. **Methods:** To assess the efficacy of albumin infusions in refractory POTS we treated patients with weekly or biweekly intravenous infusions of either 5% albumin in normal saline (n=16) or normal saline alone (n=7) in this open label comparative study. Most patients had failed multiple treatments. Serial clinical evaluations with individual symptom scores were the primary outcome measure of efficacy. **Results:** Mean follow up was 2 years (range 4 weeks - 5 years). 14/16 patients on albumin and 4/7 patients on saline infusions improved. Significantly more patients (7 vs. 1) on albumin showed marked improvement from baseline with more prominent reduction in orthostatic heart rate (mean reduction 19 vs. 14 beats minute). Albumin was well tolerated. More patients on saline (3/7 vs. 2/16) discontinued infusions due to lack of efficacy. Some patients required a permanent venous catheter. **Conclusions:** Intravenous albumin infusions are well tolerated and more effective than normal saline in refractory POTS.

P.041

Magnesium and calcium reduce severity of spatial memory impairments in kainate mouse model of mesial temporal lobe epilepsy

DH Toffa (Montréal) C Kpadonou (Dakar) D Gams Massi (Dakar) M Ouedraogo (Dakar) AD Sow (Dakar) M Ndiaye (Dakar) A Samb (Dakar)*

doi: 10.1017/cjn.2019.141

Background: Calcium (Ca) and magnesium (Mg) are crucial in metabolism, excitability and neuroglial plasticity. Our aim was to evaluate whether Mg (20 mg/kg) or Ca (100 mg/kg) could improve the memory prognosis in the kainic model of mesial temporal epilepsy. **Methods:** Seizures were induced by systemic injection of kainate (8mg/kg) and mice were then treated by ions every 48 hours. A placebo (physiological solution) replaced kainate or ions in specific groups. Six cohorts were studied for seven weeks: control group (G0: no kainate and no ion, only placebo); untreated reference

group (GR: kainate and then placebo); G1 groups were treated from the third day (G1m, G1c: kainate and then Mg/Ca); G2 groups were treated from the third week (G2m, G2c: kainate and then Mg/Ca). Radial maze and a classic maze were used for cognition evaluation. **Results:** The memory (short/long term) was differently affected by kainate or improved by Mg/Ca. The treated groups performed better than GR mice, but Mg was more effective. In addition, Mg demonstrated an increasing therapeutic effect over time while Ca showed an acute and apparently decreasing action in the G1c group. **Conclusions:** Mg should be considered for a clinical evaluation of its effect on epileptic disorders.

Child Neurology (CACN)
Epilepsy and EEG

P.042

Safety and efficacy of stereoelectroencephalography in pediatric epilepsy surgery

CA Elliott (Edmonton) K Narvacan (Edmonton) J Kassiri (Edmonton) S Carline (Edmonton) B Wheatley (Edmonton) D Sinclair (Edmonton)*

doi: 10.1017/cjn.2019.142

Background: There are few published reports on the safety and efficacy of stereoelectroencephalography (SEEG) in the presurgical evaluation of pediatric drug-resistant epilepsy. Our objective was to describe institutional experience with pediatric SEEG in terms of (1) insertional complications, (2) identification of the epileptogenic zone and (3) seizure outcome following SEEG-tailored resections. **Methods:** Retrospective review of 29 patients pediatric drug resistant epilepsy patients who underwent presurgical SEEG between 2005 – 2018. **Results:** 29 pediatric SEEG patients (15 male; 12.4 ± 4.6 years old) were included in this study with mean follow-up of 6.0 ± 4.1 years. SEEG-related complications occurred in 1/29 (3%)—neurogenic pulmonary edema. A total of 190 multi-contact electrodes (mean of 7.0 ± 2.5per patient) were implanted across 30 insertions which captured 437 electrographic seizures (mean 17.5 ± 27.6 per patient). The most common rationale for SEEG was normal MRI with surface EEG that failed to identify the EZ (16/29; 55%). SEEG-tailored resections were performed in 24/29 (83%). Engel I outcome was achieved following resections in 19/24 cases (79%) with 5.9 ± 4.0 years of post-operative follow-up. **Conclusions:** Stereoelectroencephalography in presurgical evaluation of pediatric drug-resistant epilepsy is a safe and effective way to identify the epileptogenic zone permitting SEEG-tailored resection.

P.043

Cannabis treatment in children with epilepsy: practices and attitudes of neurologists in Canada

SM DeGasperis (Ottawa) R Webster (Ottawa) D Pohl (Ottawa)*

doi: 10.1017/cjn.2019.143

Background: Cannabis has been shown to be an effective therapy for epilepsy in children with Dravet and Lennox-Gastaut syndrome. Despite the fact that many pediatric epilepsy patients across Canada are currently being treated with cannabis, little is known about pediatric neurologists' attitudes towards it. **Methods:** A 26-item online survey was distributed to 148 pediatric neurologists across Canada. **Results:** 56/148 neurologists responded and reported that over 600 children with epilepsy are currently taking cannabinoids. 34% of neurologists authorized cannabis to children, 38% referred children for authorization, and 29% did not authorize or refer their patients. Of those neurologists who referred, 76% referred to a community-based non-neurologist. The majority of physicians authorized cannabis to patients with Dravet syndrome (68%) and Lennox-Gastaut syndrome (64%). Cannabis was never authorized as a first-line treatment. 54% of neurologists stated that their patients were taking CBD alone, despite this option not being available in Canada. All physicians reported having at least one hesitation regarding cannabis, the most common ones being poor evidence (66%), poor quality control (52%), and cost (50%). **Conclusions:** The majority of Canadian pediatric neurologists use cannabis as a treatment for epilepsy in children. However, there appear to be knowledge gaps and hesitations.

P.044

Quality of life in children with epilepsy treated with the low glycemic index diet – a pilot study

S Boles (Ottawa) R Webster (Ottawa) S Parnel (Ottawa) J Murray (Ottawa) S Ieradi (Ottawa) E Sell (Ottawa) D Pohl (Ottawa)*

doi: 10.1017/cjn.2019.144

Background: The classic ketogenic diet is the main non-pharmacological treatment for refractory epilepsy; however, adherence is often challenging. The low glycemic index diet (LGID) is less strict, almost equally effective, and associated with improved adherence. Little is known about the quality of life of children treated with LGID. The objective of this study was to explore changes in the quality of life of children with epilepsy transitioning to the LGID. **Methods:** Patients on LGID and their parents filled out Pediatric Quality of Life Epilepsy Module questionnaires; one while being on the LGID, and one retrospectively for the time prior to starting the LGID. **Results:** Data was collected from five children ages 3-13 and their parents. Complete seizure control was seen in two children, >50% seizure reduction in one, and no change in two children. Parental reported quality of life while on the LGID increased with two participants but decreased in all child self reports. **Conclusions:** Although the LGID led to improved seizure control in three out of five patients, the child-reported quality of life decreased in all children. Larger prospective studies are warranted to reliably assess the impact of the LGID on the quality of life in children with epilepsy.