

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

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**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 transthoracic echocardiogram was normal. Venous Duplex of bilateral upper and lower extremities were negative for DVTs. Hypercoagulable 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

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**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

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**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

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**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