

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