Aims Perinatal arterial ischaemic stroke (PAIS) presents in the neonatal period or later (‘presumed’ cases) and is a leading cause of hemiplegic cerebral palsy. Accurate estimation of the incidence and disease burden is challenging and studies of presumed cases are few. Our region covers 5 counties and has a population of approximately 5 million. We aim to review the regional clinical and radiological characteristics of children with PAIS through collaboration between one tertiary neonatal centre and an epilepsy network. The preliminary data is presented.

Methods Term neonates diagnosed with acute PAIS presenting to the tertiary neonatal unit in 2014 and 2015 were identified through electronic patient record (Badgernet) and a local database. Presumed PAIS cases presenting to the tertiary paediatric neurology unit between 2011–2015 were identified through clinical coding. Members of an established regional epilepsy network consisting of community, secondary, and tertiary paediatric clinicians were invited to identify local presumed PAIS cases over the same time period. Retrospective data was collected through medical records. Results have been received from 6 units to date and data collection is ongoing.

Results
- Neonatal cases all presented with seizures. While the majority (78%) of presumed cases presented with pathological handedness, there is a male (60%) and left sided infarct (62.5%) predominance.
- 21% of infants with presumed PAIS cases had neonatal symptoms. These included changes in muscle tone (60%), level of alertness (20%) and feeding problems (40%).
- Amongst all PAIS cases there was a significant burden of language (31%), visual (21%), behavioural (10%) and learning impairment (26%) in addition to the recognised movement difficulties and seizures.

Conclusion The clinical characteristics of PAIS in our region are similar to the published literature. Clinicians should have a high index of suspicion in neonatal cases of unexplained changes in muscle tone, respiratory or feeding difficulties which may lead to earlier diagnosis and intervention. Ongoing studies using a network approach would allow presentation of the wider spectrum of PAIS, producing more representative clinical data.

Aims and objectives To determine incidence of CVT in children with tubercular meningitis

Methods This was a single centre prospective cohort of children diagnosed with TBM. The neuroimaging of children with TBM were prospectively evaluated for CVT. Children with CVT were treated with anti-tubercular drugs, steroids and anti-coagulation. Outcome was assessed using Paediatric Cerebral Performance Category Scale

Results 255 children with tubercular meningitis were evaluated out of which twelve children (4.7%) had CVT. Median Age at diagnosis was 24 month (range 12–120 months). Median duration of symptoms was 59.5 days (IQR 30.5–77.5 days, range 18–159 days). Only one child had CVT at admission while ten children (83%) were suspected to have CVST on CT scan subsequent to drainage of hydrocephalous. CVT was symptomatic in 33% of children. Eleven children had involvement of superior sagittal sinus, six had involvement of transverse sinus, four had sigmoid sinus while one child also had affection of straight sinus. Two children succumbed during treatment. Protein C was deficient in one child while protein S was deficient in three children. Median Duration of follow up was 8 months. 2 children had normal functioning, 1 has severe disability, 5 are in vegetative state, one has moderate disability and cognitive impairment and 3 children have died.

Conclusion CVT in TBM is not common and needs to be considered in any child who fails to have improvement in sensorium after CSF drainage procedure.