G62(P) NEUROCYSTICERCOSIS IN A BRITISH TEENAGER PRESENTING AS A SPACE OCCUPYING LESION CAUSING FOCAL SENSORY-MOTOR SEIZURES IN LONDON

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Background Neurocysticercosis is a helminthic infestation of the brain by the encysted larval form of the human tape worm *Taenia Solium*. It is a common cause of focal epilepsy in countries with inadequate sanitation following oro-faecal transmission and ingestion of food contaminated with *Taenia-Solium* eggs. The larvae can lodge in different parts of the human body including the brain parenchyma resulting invariable neurological clinical manifestations depending on the affected site. Onset of symptoms depends on the host immune response and on parasite defence mechanism. Over 90% patients present with focal seizures. Localised oedema surrounding the lesion can result in headaches from raised intracranial pressure, obstructive hydrocephalus. Other forms include spinal cysticercosis and ophthalmic cysticercosis.

The diagnosis is usually made on clinical grounds, confirmed by imaging and immunodiagnostic tests.

Case Report We report a previously well 13 year old girl who presented with a single episode of generalised tonic clonic seizure. She gave a 4 month history of altered sensation in her right upper limb and 1 month history of focal sensorimotor seizures. Examination showed subtle weakness of the right side of her face and upper arm.

MRI brain scan showed a well defined left parietal lesion in the grey white matter junction with surrounding oedema and was referred to neurosurgery with suspicion of tumour. On review the images were suggestive of atypical infection - Cysticercosis or Tuberculoma. She was given Dexamethasone and Levetiracetam with good effect.

At surgery she had a well encapsulated cystic lesion that was excised. Histopathology showed chronic cerebral lesion with parasitic cyst. Microscopy confirmed presence of a tapeworm larva. Following surgery she was started on Albendazole.

Further history revealed regular camping trips at farms and woodland areas. She also swam in ponds and rivers. She did not report tick bites. Her diet included pork. She had been abroad.

Conclusions Unifocal Neurocysticercosis in non-endemic countries is in the list space occupying lesions mistaken for a brain tumour. It presents with focal epilepsy and its diagnosis can be challenging.

G63(P) TREATMENT PATTERNS IN SPINAL MUSCULAR ATROPHY: INTERVIEWS WITH HEALTHCARE PROFESSIONALS IN THE UNITED KINGDOM

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Aims Spinal muscular atrophy (SMA) is a rare genetic disorder characterized by weakness and atrophy in skeletal muscles. Excluding the prenatal onset form (type 0), SMA is classified into 4 phenotypes based on severity, with type 1 being the most severe. The recent advent of the first disease-modifying therapies has dramatically improved the outlook for patients with SMA, but little is known about current treatment patterns. The objective of this study was to collect data on standard of care treatment patterns in SMA types 1, 2, and 3 in the UK prior to the availability of disease-modifying therapies through health care professional (HCP) interviews.

Methods HCPs who had seen at least two patients with SMA in the past 12 months were recruited through contacts in clinical centers in the UK. Informed consent was obtained from all respondents with subsequent telephone interviews.

Results Interviews were conducted with 16 HCPs from eight UK regions: nine neurologists, three pulmonologists, two physiotherapists, one nurse, and one health visitor. Participants reported that paths to diagnosis depend on symptom timing and HCPs involved. Time to diagnosis was estimated at up to 3 months for SMA type 1, and up to 12 months for SMA types 2 and 3. HCPs agreed on key approaches to management and care coordination. Patients' geographic proximity to a hospital often determines who coordinates care. Although the concept of segmenting SMA disease progression into defined, discrete phases was controversial, there was broad concurrence on key parameters of ventilation, nutrition, and mobility. Many HCPs are involved in patient care, with community support being essential; however, HCPs were not able to report on palliative care and personal social services. The challenges faced by HCPs in SMA are numerous and include a lack of resources and a lack of effective treatment options.

Conclusion HCP reports underline the complexity of treatment coordination for SMA between hospitals and communities. Management is focused on ventilation, feeding, and mobility, with the involvement of a large number of HCPs. A comprehensive SMA care model is needed.

G64(P) ABSTRACT WITHDRAWN

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G67(P) A RARE DIAGNOSIS OF LAMB-SHAFFER SYNDROME IN TWINS WITH KLINEFELTER'S

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A set of twin brothers with Klinefelter's syndrome were seen in community paediatric clinic following concern about severe learning disabilities requiring special educational needs school.