

GENERAL PEDIATRIC NEUROLOGY

P.002

Neurodevelopment at 2 years in asphyxiated newborns treated with hypothermia can be predicted by early neuroimaging markers*FJ Al Amrani (Montreal)* P Wintermark (Montreal)*

doi: 10.1017/cjn.2016.108

Background: Brain imaging in asphyxiated newborns treated with hypothermia has shown that brain injury can be identified as early as day 2 of life and continue to evolve over the first month of life. **Methods:** Asphyxiated newborns treated with hypothermia were enrolled prospectively. Apparent diffusion coefficient (ADC) and fractional anisotropy (FA) were measured on magnetic resonance imaging (MRI) performed over the first month of life. Neurodevelopment was evaluated around 2 years of age. **Results:** Twenty-six asphyxiated newborns treated with hypothermia were enrolled. In asphyxiated newborns treated with hypothermia, who developed cerebral palsy, ADC values were significantly decreased on day 1 of life, on day 2-3 and around day 10 of life in the thalamus. In the same newborns, the FA values were significantly decreased on day 10 of life. **Conclusions:** Early MRI measurements permitted to identify the newborns developing cerebral palsy as early as on day 1 of life and could thus be used in the future to predict the long-term neurodevelopmental outcome asphyxiated newborns treated with hypothermia.

P.003

Health-related quality of life (HRQOL) for genetically determined leukoencephalopathy patients and their families*A Mirchi (Montréal)* F Pelletier (Montréal) LT Tran (Montréal) A Pizzino (Washington) M Dilenge (Montréal) N Braverman (Montréal) A Vanderver (Washington) F Roncarolo (Montréal) G Bernard (Montréal)*

doi: 10.1017/cjn.2016.109

Background: Genetic leukoencephalopathies are a group of neurodegenerative diseases imposing a great burden on patients and families. There is no previous systematic study looking at the impacts of these diseases. **Methods:** HRQOL was assessed using the Pediatric Quality of Life Inventory (PedsQL) model. A total of 24 patients with genetically determined leukoencephalopathies and their family members completed the PedsQL questionnaires. Detailed clinical assessments were performed at the time the questionnaires were filled. HRQOL results were correlated with the severity of the clinical features and the presence vs. absence of a definitive molecular diagnosis. **Results:** Preliminary results show lower PedsQL total scores for patients without compared to with a molecular diagnosis. Emotional and physical functioning scores were significantly impaired in patients without a molecular diagnosis. Lower total scores were obtained for patients who presented more severe clinical features such as lost ambulatory functions and dysphagia. **Conclusions:** Overall, our preliminary results indicate that patients without a molecular diagnosis have an impaired HRQOL and that more severely affected patients have a poorer HRQOL. Further analyses and studies on a

larger population of patients in a prospective fashion are required to assess the burden of these diseases and identify potential modifiable factors.

P.004

Endocrine and growth abnormalities in 4H leukodystrophy patients with a molecular diagnosis*F Pelletier (Montréal)* A Mirchi (Montréal) FK Cayami (Amsterdam) LT Tran (Montréal) N Ulrick (Washington) C Polychronakos (Montréal) A Vanderver (Washington) NI Wolf (Amsterdam) G Bernard (Montréal)*

doi: 10.1017/cjn.2016.110

Background: 4H or POLR3-related leukodystrophy is an autosomal recessive disorder characterized by hypomyelination, hypodontia and hypogonadotropic hypogonadism caused by mutations in *POLR3A*, *POLR3B* and *POLR3C*. The endocrine abnormalities have never been systematically studied. **Methods:** A cross sectional international multicenter study was performed and the following variables were assessed: weight, height, head circumference, pubertal history, hormone levels and neurological and non-neurological features. Data was analyzed to determine whether there was a correlation between the presence of endocrine abnormalities and mutations in a specific gene and/or the presence of specific symptoms such as other non-neurological symptoms. **Results:** Data was collected on 156 patients. Endocrine data were available for 144 patients. The most common endocrine abnormalities seen in this cohort were short stature (54/90 patients (60%)) and delayed puberty (53/70 patients (76%)). 13 of the 58 patients tested (22%) had abnormal thyroid function. Patients with *POLR3A* mutations were more likely to have endocrine abnormalities. **Conclusions:** Our results confirm that the most common endocrine features in 4H leukodystrophy are short stature and pubertal abnormalities. However, the other potential endocrine abnormalities are typically under-investigated in this patient population. A prospective study is required to investigate the extent and severity of the endocrine abnormalities in 4H leukodystrophy.

P.006

Keeping neurosarcoidosis on the differential*E Spinelli (Edmonton)* G Blevins (Edmonton) J Mailo (Edmonton) L Atilano (Edmonton) H Leonard (Edmonton) EA Yeh (Toronto) H Kolski (Edmonton)*

doi: 10.1017/cjn.2016.112

Background: Sarcoidosis is a multiorgan autoimmune disease characterized by the presence of non-caseating granulomas. The diagnosis can be difficult, particularly with central nervous system (CNS) involvement, and pathology outside of the CNS has to be carefully evaluated. Early and correct diagnosis is crucial for appropriate management particularly in children where sarcoidosis and neurosarcoidosis are rare. **Methods:** We describe a 16 year old previously healthy boy who presented with progressive pyramidal neurological signs and symptoms localizable primarily to the brain stem. **Results:** Initial imaging revealed striking brainstem, as well as cerebral, cerebellar and spinal cord perivascular enhancement. Lung involvement was subclinical with a miliary pattern on chest imaging and needle biopsy revealed an interstitial lymphocytic infiltration. Extensive serum

MULTIDISCIPLINARY

and CSF rheumatological, autoimmune and infectious investigations were noncontributory. Serum ACE levels were at first within normal limits. Steroid treatment stabilized symptoms and perhaps coincidentally, separate rituximab treatments were followed within days by vertigo (with a new pontine lesion) or a respiratory decompensation. A wedge lung biopsy revealed granulomatosis. Current treatment consists of mycophenolate, methotrexate with a prednisone wean. *Conclusions:* This case report reinforces the varied manifestations and mimics of sarcoidosis (including CLIPPERS) and highlights the need for a high index of suspicion despite apparently negative investigations.

NEUROMUSCULAR

P.007

Onset of facial weakness correlated with muscle strength in infantile facioscapulohumeral dystrophy (FSHD)

JK Mah (Calgary) J Feng (Washington) C Carty (Washington) Y Chen (Washington) T Duong (Stanford) C (CINRG) Investigators (Washington)*

doi: 10.1017/cjn.2016.113

Background: We investigated motor function associations with age, gender, and D4Z4 fragment size among participants with infantile FSHD. *Methods:* We collected standardized motor assessments including goniometry, manual muscle testing (MMT), quantitative muscle testing (QMT), and FSHD clinical severity scores (CSS) at 12 CINRG sites. To measure associations, we used linear regression models adjusted for age at enrollment, onset of weakness, gender, and D4Z4 repeats. *Results:* 53 participants (59% female, mean age 23.1±14.6 years) were enrolled. Weakness was most pronounced at the shoulder girdle and rectus abdominis (median MMT 30-38% of normal). Older enrollment age was associated with greater CSS ($p=0.005$) and reduced range of motion in shoulder abduction, shoulder flexion, elbow flexion, and ankle dorsiflexion (all $p<0.01$). Females and participants with larger D4Z4 repeats had milder shoulder/arm weakness and lesser disease severity (all $p<0.05$). Increased age at onset of facial weakness was significantly associated with greater total muscle strength, as measured by QMT and MMT (both $p=0.002$). *Conclusions:* We confirm the descending pattern of muscle involvement and milder disease severity in females or those with larger D4Z4 repeats. Furthermore, earlier age at onset of facial weakness was associated with greater muscle weakness. Future longitudinal assessments will describe rates of disease progression in this population.

P.009

Physician assisted death and the neurosurgeon

SP Barry (Halifax) I Fleetwood (Victoria) K Reddy (Hamilton) C Ekong (Regina) P Gorman (Moncton) B Wheelock (Saint John) R Moulton (Ottawa)*

doi: 10.1017/cjn.2016.115

Background: The Supreme Court of Canada (SCC) recently rendered a decision striking down the Criminal Code absolute prohibition on providing assisted dying. End of life decisions are commonly encountered by neurosurgeons due to the nature of their practice. Neurosurgeons will be faced with patients requesting PAD in the near future. *Methods:* The recent SCC ruling heralds a change that will radically alter a most basic tenet that has historically guided physicians and surgeons. A subcommittee of the Canadian Neurosurgical Society (CNSS) was formed to generate a position statement to reflect the interests of both neurosurgeons and their patients. *Results:* Fundamental issues regarding the implementation of PAD identified include:

- Clarity of legislation
- The creation of an independent, third party referral service
- Effective safeguards and oversight of the entire process
- The right to “conscientious objection” on the part of physicians who do not wish to be involved in PAD

Conclusions: The CNSS urges clarity in legislation regarding PAD and strict oversight in its implementation to reduce potential harm. We also support the creation of an independent, third party referral service which would serve to respect the conscience of those health care providers who do not wish to actively participate in PAD.

P.010

The Canadian Neurosurgery Research Collaborative (CNRC): A novel, trainee-led, nationwide multicentre research network

A Dakson (Halifax) M Bigder (Winnipeg) C Elliott (Edmonton) D Guha (Toronto) C Iorio-Morin (Montreal) M Kameda-Smith (Hamilton) P Lavergne (Quebec City) S Makarenko (Vancouver) MS Taccone (Ottawa) M Tso (Calgary) B Wang (London) A Winkler-Schwartz (Montreal) T Sankar (Edmonton) S Christie (Halifax)*

doi: 10.1017/cjn.2016.116

Background: The goals of evidence-based neurosurgery are to improve surgical outcomes, reduce complications, and provide an objective basis for altering practice. The need for higher quality studies, typically prospective and multicentre, has been growing especially in light of the evolving complexity of neurosurgical interventions and heterogeneity of patient populations. In the United Kingdom (UK), trainee-led research collaboratives have been established to tackle this problem. Therefore, we sought to evaluate the potential role for a resident-led research collaborative in neurosurgery in Canada based on the UK experience. *Methods:* A literature review of trainee-led collaboratives was conducted utilizing PubMed and Medline. Identified articles were reviewed for study quality and clinical relevance to explore the potential benefits of collaboratives. *Results:* In the