neurologists and optimizing scoring algorithm based on patient-level data.

doi:10.1016/j.jns.2019.10.1252

## WCN19-0900

**Journal of the Neurological Sciences 405S (2019) 104915**

**Poster Session 3**

### Early MRI changes of neuromyelitis optica spectrum disorder in patients of Uzbekistan

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**Background**
Early diagnosis of Neuromyelitis optica spectrum disorders(NMOSD) is critical. Unlike multiple sclerosis, NMOSD episodes are normally quite severe. These episodes can lead to irreversible consequences. The diagnosis of NMOSD is based on the presence of evidence of optic neuritis and transverse myelitis. Study additional findings in early MRI scans could play important role in early diagnosing and treatment course.

**Objective**
To establish MRI changes pattern among Uzbekistan patients with NMOSD.

**Methods**
We retrospectively analyzed the results of MRI scanning among 45 patients in the Tashkent Medical Academy Neurology Department with a diagnosis NMOSD.

**Results**
The results of MRI study demonstrated a high incidence of involvement of the brain stem (44%) and hemispheres periventricular white matter (21%) at the time of disease clinical debut. Lesions involving corticospinal tracts and diencephalic region was find only in one patient (2,2%).

**Conclusion**
This study confirms that early MRI diagnosing results among patients with NMOSD in Uzbekistan usually demonstrate involvement of the brainstem and hemispheres periventricular white matter.

doi:10.1016/j.jns.2019.10.1253

## WCN19-0909

**Journal of the Neurological Sciences 405S (2019) 104916**

**Poster Session 3**

### Documentation of clinical and laboratory features of patients with spinal isolated syndrome who have no cranial lesion

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**Introduction**
Risk conversion to MS in spinal clinically isolated syndrome (CIS) patients were reported as 41% - 61%, but most of these patients have also asymptomatic cranial lesions. In this series we reported clinical and laboratory characteristics of the spinal CIS patients who were evaluated in last two years whose cranial MRI were normal.

**Cases**
Only 5 cases met this specification in last two years. 40-year-old female with hand and feet numbness who has lesion at C2-3 level; 56-year-old female with right hemihypoesthesia and hemiparesis who has lesions at levels of C4-5 and C7-T1; 24-year-old male with hypoesthesia on left hand who has plaque at C2 level; 36-year-old male patient with left hemihypoesthesia and Lhermitte sign who has lesion at C2-3 posterolaterally; 25-year-old female patient with numbness of legs and sensorial ataxia who has multiple cervical and thoracal cord lesions will be presented. Only one patient had second attack also related with cord after 2 monts in follow up.

**Results**
Cervical cord was the most common involved area. VEP's of all patients were normal. IgG index were detected high in two patients whom also have OCB (Type 2) Anti MOG and anti NMO antibodies were negative in all patients Vitamin D levels were low in 4 patients.

**Discussion**
Isolated spinal cord syndrome can be seen as first demyelinated event in some patients without cranial MRI lesions. It is unclear how this process will go on. We wanted to take attention to this atypical group and emphasize the importance to define varied CIS groups' characteristics and prognosis.

doi:10.1016/j.jns.2019.10.1254

## WCN19-0923

**Journal of the Neurological Sciences 405S (2019) 104917**

**Poster Session 3**

### The first neuroacanthocytosis in Yogyakarta, Indonesia: A case report

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**Background**
Neuroacanthocytosis is a group of rare movement disorders and often not diagnosed. Neurologic problems usually consist of either movement disorder of ataxia, personality changes, cognitive deterioration, and seizures.

**Purpose**
To describe the first case of neuroacanthocytosis in Dr. Sardjito Hospital, Yogyakarta, Indonesia

**Method and result**
A 32 year-old male came to our clinic with a history of progressive orofacial dyskinesia, chorea, difficulty of swallowing, and ataxia. Symptoms worsened over the course of four years and patient was hospitalized multiple times. Upon the latest hospitalization we ran several diagnostic tests and imaging. Blood smear revealed acanthocytes and MRI revealed atrophied cerebrum. Patient was diagnosed with neuroacanthocytosis and given symptomatic treatment.