

intracranial hypertension (IIH). **Methods:** Ventriculoperitoneal (VP) shunts are an established treatment modality for CSF diversion. An alternative to VP shunting is lumboperitoneal (LP) shunting. There is a paucity of evidence on LP shunt use, but available studies demonstrate that it is a safer and similarly efficacious method for conditions such as normal pressure hydrocephalies (NPH) and idiopathic intracranial hypertension (IIH). **Results:** 95 patients were treated with lumboperitoneal shunt, 71 of which were for hydrocephalus and 24 for IIH. 39 male and 58 female patients were included with mean age 55 (range from 20 to 96 years old). 26 patients had laparoscopic placement of the peritoneal catheter. Mechanical issues with distal end was less with laparoscopic approach. **Conclusions:** We will review disease-specific scores for NPH and IIH, and compare laparoscopic with non-laparoscopic placement of peritoneal catheter. We will also compare outcomes and complications with rates for VP shunting.

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Episodic ataxia and encephalitis: A novel presentation of RESLES in a 3-year-old girl

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Background: Reversible splenial lesion syndrome (RESLES) is a rare clinico-radiological entity associated with multiple etiologies including infection, metabolic, and epileptic disorders. We describe the case of a child with a reversible splenial lesion who presented with encephalopathy and prior history of episodic ataxia. **Methods:** A 3-year-old girl presented to the Stollery Children's hospital with three days of respiratory symptoms followed by acute onset ataxia and encephalopathy. Blood, respiratory samples, and cerebral spinal fluid (CSF) were drawn to investigate for infectious, autoimmune, and metabolic causes. Magnetic resonance imaging (MRI) brain was done and repeated. **Results:** A respiratory panel tested positive for respiratory syncytial virus (RSV), enterovirus, and rhinovirus. CSF analysis revealed elevated white blood cell count (283). MRI brain demonstrated diffusion restriction involving the posterior body and splenium of the corpus callosum and bilateral middle cerebral peduncles, which resolved nine days later. The patient received high-dose steroids with gradual improvement in the encephalopathy and ataxia. **Conclusions:** This report contributes to the complexities in clinical understanding of RESLES, as it highlights a novel presentation with ataxia and encephalopathy. The patient's diagnosis was complicated by previous ataxic episodes of unknown etiology, which allows further consideration of a metabolic or genetic ataxic syndrome and its relationship to encephalopathy.

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Worster-Drought syndrome caused by LINS mutations

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Background: Worster-Drought syndrome (WDS) is a congenital, pseudobulbar paresis. Patients show oromotor apraxia causing impaired speech, drooling, dysphagia and varying degrees of cognitive impairment. Familial cases are reported although causative genes have not been identified. *LINS* mutations have recently been reported in patients with severe cognitive and language impairment. **Methods:** The proband was diagnosed with WDS at 8 years old because of longstanding drooling, dysphagia and impaired tongue movement. At 14 years old, he remains aphonic, using sign language and typing on a smart-tablet to communicate. Neurological examination including facial and extraocular movement was otherwise unremarkable. MRI brain revealed no heterotopia or atrophy. **Results:** An expanded intellectual disability panel at GeneDx identified nonsense mutations in *LINS* alleles: c.1096; p.Glu366X and c.1178 T>G, p.Lys393X. Neuropsychological testing at 14 years old noted nonverbal reasoning skills at 5 year old level with relative sparing of his receptive vocabulary and visual attention. Compared to prior testing at 9 years his receptive language improved from a 6 year old to an 8.5 year old level. **Conclusions:** Nonsense mutations of *LINS* have been identified in a patient with WDS. Despite his severe and persistent aphonia, improvements in receptive language were observed with global intellectual functioning better than expected.

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Canadian physician attitudes towards long term EEG monitoring in the neonatal intensive care unit

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Background: Long-term EEG monitoring (LTEM), including amplitude-integrated (aEEG) or conventional EEG (cEEG), is increasingly being used in critically ill neonates. Despite an abundance of studies regarding the clinical utility of LTEM, much is unknown regarding provider attitudes toward this tool. We aimed to evaluate neurologist and neonatologist opinions regarding LTEM in the NICU and describe current Canadian practices. **Methods:** A 15-item questionnaire was developed with input from neonatologists and pediatric neurologists at two Canadian centres. The questionnaire was piloted at our hospital and subsequently distributed to Canadian neonatologists and pediatric neurologists. **Results:** All 16 local respondents use LTEM in the NICU. Neonatologists were more likely to combine aEEG and cEEG, and monitor for longer durations than pediatric neurologists. However, most pediatric neurologists would like to monitor more (71%), compared to neonatologists who were more likely to say that current monitoring practices are sufficient. High rates of neonatologists (88%) and neurologists (85%) are interested in attending an education session on LTEM. **Conclusions:** Preliminary data suggests neonatologists and pediatric neurologists differ in their approach to LTEM. Results from our national questionnaire will be analyzed shortly, and may inform the development of educational materials as well as future studies that involve multi-centre efforts.