

the number of canalith repositioning procedures (CRP). The definition of recurrence was any new attack that occurred at least one month after the resolution of the first BPPV. The chi-square test was used to assess the relationship between comorbidities and recurrence BPPV. Statistical significance was defined as $p < 0,05$.

Results: 674 patients had diagnosis of BPPV between 2007 and 2011 in our neurology unit, 170 (25%) were defined as recurrent BPPV. The mean age was 62 years and 125 (73.5%) were female. Posterior semicircular canal was involved in 89% of recurrences. The media of recurrence was 2.04 BPPV episodes per patient. The number of CRP increased along with patient's age. Regarding the evaluated comorbidities: 43% had arterial hypertension, 37.5% high levels of blood lipids, 30% migraine, 24.2% stroke, 21.2% hypothyroidism, 22% tensional headache, 18.8% head trauma, 14.7% diabetes and 11% smoked. A value of chi squared of 8.12 was calculated for lacunar stroke in patients with recurrent BPPV ($p = 0.004$) and for patients with stroke, was 6.88, $p = 0.009$.

Conclusion: A relationship between microangiopathic damage and BPPV recurrence has been observed, but more studies are needed in order to demonstrate the validity of this hypothesis.

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Mixed Topics 3

Microperimetry in the diagnosis of the first manifestation of optic neuritis in multiple sclerosis

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Background: We patented a new method of diagnosis of optic neuritis by microperimetry (Patent RU No. 2548511, priority of 29.11.2013).

Objective: To identify subclinical lesions of the optic nerve at the first manifestation multiple sclerosis.

Methods: The clinic S. Fyodorov Eye Microsurgery, Moscow, examined seven patients with complaints typical for monolateral optic neuritis (ON). RC-5000 Tomey, Cirrus HD-OCT; Humphrey HFA II-750i; Microperimetry on MP-1 (program 12° 10 dB stimulus Goldmann III), MRI of the brain and orbits (Siemens 1.5 Tl).

Results: Visual acuity 7 patients in both eyes 1.0, fundus – unaffected. Intact fellow eye. OCT: retina nerve fiber layer from 88 to 108 nm, and the volume of the retinal ganglion cells 60 to 73 nm. Microperimetry: 4 eyes – a significant decrease in the average sensitivity of 6, 2 to 10, 8 dB and paracentral defects within 0, 2 and 4° from the fixation target, and 3 eyes – a moderate decrease in the average sensitivity from 15.2 to 16.8 dB, paracentral defects within the 2, 4, 6°, preferably in the upper quadrant. MRI in all patients: periventricular, subcortical, multiple foci size of 0.3–0.7 cm, some

with signs of perifocal edema in the form of activity. Neurologist diagnosed with multiple sclerosis was confirmed.

Conclusions: Method microperimetry revealed paracentral defects in cases of subclinical lesions of the optic nerve. In all cases had been diagnosed with multiple sclerosis. Microperimetry – informative method for diagnosis of subclinical lesions of the optic nerve at the first manifestation of multiple sclerosis.

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Mixed Topics 3

Clinical and neuro-ophthalmologic predictors of visual outcome in idiopathic intracranial hypertension (IIH)

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Background: Once thought benign, IIH is now recognized as a potentially vision devastating entity. Predictors of worse outcome may aid in appropriate management of patients of IIH.

Objective: To assess visual morbidity in patients of IIH in terms of clinical and neuro-ophthalmologic parameters.

Methods: In a prospective study of 40 patients of IIH, clinical and neuro-ophthalmologic parameters were noted. All parameters were graded using objective criteria and compared with final visual outcome of patients to determine any correlation.

Results: Presence of headache and transient visual obscurations (TVOs) at presentation was significantly associated with good visual outcome. Higher CSF opening pressure, Increased Retinal nerve fibre layer (RNFL) thickness ($> 178 \mu\text{m}$) on optical coherence tomography, abnormal contrast sensitivity at high frequency and prolonged P100 latency on visual evoked potential (VEP) were associated with poor visual outcome. No definite correlation between presence of cranial nerve palsies, other clinical features, obesity, grade of papilledema and findings on neuroimaging with final visual outcome was established.

Conclusion: Visual Outcome in patients of IIH can be predicted at presentation by various parameters providing window for early and adequate treatment. High Body mass index, high CSF opening pressure, greater RNFL thickness, abnormal VEP or contrast sensitivity are some of the alarming signs for physicians necessitating need for aggressive monitoring and management. On the contrary, presence of headache or TVOs at presentation may predict a better visual outcome. Close follow up of the patients with respect to the neuro-ophthalmologic parameters as described may help in segregating the potential candidates for aggressive management early in the disease course.

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