neutrophilia in CSF with normal glucose and protein suggest a probable unknown viral etiology. If no cause is identified after a thorough work-up, transverse myelitis can also be categorized as an idiopathic monophasic event, which occurs in approximately 15–30% of cases. We did not obtain a spinal angiogram to definitively rule out a spinal arteriovenous shunt, since the clinical response was good and gradient did not show any blooming. So our patient probably is a case of LETM of unknown viral etiology or idiopathic who has recovered well with steroids. Patients presenting with LETM require a thorough work-up to exclude other treatable infectious and inflammatory causes. The management of LETM is dependent on differentiating inflammatory and non-inflammatory aetiologies If there is an underlying inflammatory cause they are at high risk of further attacks. So they may require long term immuno suppression to prevent further attacks.

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Poster Session 3

Nusinersen in infants who initiate treatment in a presymptomatic stage of spinal muscular atrophy (SMA): Interim results from the phase 2 nurture study

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Background

Nusinersen is the first approved treatment for SMA. We present interim results from the ongoing NURTURE study (NCT02386553) examining efficacy/safety of intrathecal nusinersen, initiated prior to symptom onset, in infants with 2 or 3 *SMN2* copies.

Methods

Enrolled infants were age ≤ 6 weeks at first dose, clinically presymptomatic, and genetically diagnosed with SMA. Primary endpoint is time to death or respiratory intervention (≥6 h/day continuously for ≥7 days or tracheostomy). Patient consent/IRB approval were obtained.

Results

As of 15 May 2018, 25 infants (2 copies *SMN2* [$n = 15$]; 3 copies [$n = 10$]) were enrolled. Median age at last visit was 26.0 (range:14.0–34.3) months. All infants were alive and none required permanent ventilation. Median time to death or respiratory intervention could not be estimated because of too few events. Four infants (all 2 *SMN2* copies) required respiratory intervention for ≥6 h/day continuously for ≥7 days, with all cases initiated during acute, reversible illness. All infants achieved the WHO motor milestone sitting without support and 22/25 (88%) achieved walking with assistance; 17/22 (77%) were walking alone. Phosphorylated neurofilament heavy chain levels rapidly declined during the nusinersen loading phase and then stabilized. AEs occurred in all infants; 20/25 had mild/moderate AEs; 9 had SAEs. No new safety concerns were identified. Results from a new, Spring 2019 interim analysis, including additional assessments, will be presented.

Conclusions

There was continued benefit to infants who initiated nusinersen before symptom onset, emphasizing the value of early treatment and newborn screening. Updated analyses will provide further information. Originally presented at CureSMA 2019.

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Poster Session 3

Clinical feature of sensorimotor manifestations as a leading predictor of radiological isolated syndrome in multiple sclerosis

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Relevance

To date, the clinical and prognostic significance of the clinical symptoms in patients with Radiologically Isolated Syndrome (RIS) remains controversial. However, it is irrefutable that patients with RIS belong to the group with an increased risk of developing reliable