

from inception to November 2020 for relevant articles. **Results:** Thirty-six relevant articles were identified. There was significant evidence supporting an association with continuous time-domain TCD based indices and functional outcomes following TBI. Physiologic parameters such as intracranial pressure, cerebral perfusion pressure, Carbon Dioxide (CO₂) reactivity as well as more established indices of cerebrovascular reactivity have all been associated with these TCD based indices. The literature has been concentrated in a few centres and is further limited by the lack of multivariate analysis. **Conclusions:** There is a substantial body of evidence that cerebrovascular reactivity as measured by time-domain TCD based indices have prognostic utility following TBI. The literature supports some associations between these indices and cerebral physiologic parameters. Further validation in multi-institution studies is required before these indices can be widely adopted clinically.

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Evaluating congruency between intramedullary and subdural pressure in a porcine model of acute spinal cord injury

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Background: Clinical guidelines recommend MAP maintenance at 85-90 mmHg to optimize spinal cord perfusion post-SCI. Recently, there has been increased interest in spinal cord perfusion pressure as a surrogate marker for spinal cord blood flow. The study aims to determine the congruency of subdural and intramedullary spinal cord pressure measurements at the site of SCI, both rostral and caudal to the epicenter of injury. **Methods:** Seven Yucatan pigs underwent a T5 to L1 laminectomy with intramedullary (IM) and subdural (SD) pressure sensors placed 2 mm rostral and 2 mm caudal to the epicenter of SCI. A T10 contusion SCI was performed followed by an 8-hour period of monitoring. Axial ultrasound images were captured at the epicenter of injury pre-SCI, post-SCI, and hourly thereafter. **Results:** Pigs with pre-SCI cord to dural sac ratio (CDSR) of >0.8 exhibited greater occlusion of the subdural space post-SCI with a positive correlation between IM and SD pressure rostral to the injury and a negative correlation caudal to the epicenter. Pigs with pre-SCI CDSR <0.8 exhibited no correlation between IM and SD pressure. **Conclusions:** Congruency of IM and SD pressure is dependent on compartmentalization of the spinal cord occurring secondary to swelling that occludes the subdural space.

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Neurotrauma in Indigenous populations of Canada: challenges and future directions: A Scoping Review

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Background: Neurotrauma accounts for over 24 000 hospitalizations annually in Canada. Among those affected, Indigenous peoples are disproportionately impacted. The goal of this scoping review is to identify factors underlying these disparities. **Methods:** A scoping review was conducted to collect papers pertaining to neurotrauma in Indigenous populations of Canada. Using MEDLINE, 676 articles were screened with MeSH terms including 'Indigenous', 'spinal cord injuries', 'brain injuries, traumatic' and 'Canada' as of April 2021. **Results:** Studies report over twice the incidence of traumatic brain injury and traumatic spinal cord injury in Indigenous populations compared to non-Indigenous populations. The burden of neurotrauma is attributable to infrastructure disparities in rural communities and reserves, elevated rates of substance use and violence, and inequities in treatment and rehabilitation following injury. These issues are deeply rooted in the trauma endured by Indigenous peoples through the course of Canadian history, owing to government policies that severely impacted their socioeconomic conditions, culture, and access to healthcare services. **Conclusions:** Systems-level interventions guided by Indigenous community members will help to address the disparities that Indigenous peoples face in the care and rehabilitation of neurotrauma. This study will inform further research of culturally appropriate approaches to reduce neurotrauma burden among Indigenous peoples.

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Unruptured Posterior Cerebral Artery aneurysm causing temporal lobe epilepsy

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Background: Cerebral aneurysms are an unusual cause of epilepsy. To date, several groups have reported temporal lobe seizures caused by aneurysms projecting into the parahippocampal gyrus. Given the low incidence of posterior cerebral artery