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## Conclusions

Pain is a significant problem for patients with MS which the current therapeutic options have failed to control. A substantial number of patients used cannabinoids to manage their pain, however further research into the efficacy and long-term side effects of this substance is necessary.

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## 118116

### Prevalence of SARS-CoV-2 antibodies in multiple sclerosis: The hidden part of the iceberg

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## Background and aims

We compared the prevalence of SARS-CoV-2 IgG/IgM in multiple sclerosis (MS), low-risk, and high-risk populations and explored possible clinical correlates.

## Methods

In this cross-sectional study, we recruited MS patients, low-risk (university sta from non-clinical departments), and high-risk individuals (healthcare sta from COVID-19 wards) from 11 May to 15 June 2020. We used lateral flow immunoassay to detect SARS-CoV-2 IgG and IgM. We used t-test, Fisher's exact test, chi square test, or McNemar's test, as appropriate, to evaluate between-group differences.

## Results

We recruited 310 MS patients (42.3 12.4 years; females 67.1%), 862 low-risk individuals (42.9 13.3 years; females 47.8%), and 235 high-risk individuals (39.4 10.9 years; females 54.5%). The prevalence of SARS-CoV-2 IgG/IgM in MS patients (n = 9, 2.9%) was significantly lower than in the high-risk population (n = 25, 10.6%) (p < 0.001), and similar to the low-risk population (n = 11, 1.3%) (p = 0.057); these results were also confirmed after random matching by age and sex (1:1:1). No significant differences were found in demographic, clinical, treatment, and laboratory features. Among MS patients positive to SARS-CoV-2 IgG/IgM (n = 9), only two patients retrospectively reported mild and short-lasting COVID-19 symptoms.

## Conclusions

MS patients have similar risk of SARS-CoV-2 infection to the general population, and can be asymptomatic from COVID-19, also if using treatments with systemic immunosuppression.

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## 118117

### The “no evidence of disease activity” (NEDA) concept in MS: Impact of spinal cord MRI

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## Background and aims

Measures to define treatment response, such as no evidence of disease activity (NEDA), are routinely used in multiple sclerosis (MS) clinical practice. Although spinal cord involvement in MS is frequent and strongly correlated with future disability accrual, its magnetic resonance imaging (MRI) monitoring, in the absence of spinal cord symptoms, is not routinely performed. This study aimed to assess the impact of spinal cord imaging and specifically, the impact of missing asymptomatic spinal cord lesions, in the definition of NEDA status in a cohort of MS patients treated with disease-modifying therapies (DMTs).

## Methods

We selected for the study 115 patients treated with first line DMTs undergoing clinical and MRI routine monitoring, for whom MRI was extended at least to the study of the cervical spinal cord. We retrospectively analyzed for the presence or absence of NEDA in the whole cohort, either considering or not spinal cord monitoring data for the definition of MRI disease activity.

## Results

When considering only clinical and brain MRI measures, 97 out of 115 patients (84.3%) satisfied the criteria for NEDA. In this same cohort, the percentage of patients who showed NEDA decreased to 76.5% (88 out of 115 subjects) when considering also spinal cord imaging data.

## Conclusions

These findings suggest that, in routine clinical practice, spinal cord MRI monitoring in patients under first line DMTs, leads to a slight but significant change in the proportion of subjects classified as clinically and radiologically stable according to the definition of NEDA.

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## 118118

### MR neurography unravels mystery of cold abscess

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## Background and aims

This is a case report of a 24-year-old migrant laborer who came to neurology outpatient clinic with weakness of hypothenar and lumbrical muscles of left hand associated with painless swelling above the medial epicondyle.

## Methods

Complete neurological examination including assessment of peripheral neuropathy was done. Nerve electrophysiologic study and ultrasonography along with MR neurography was performed.