in a study of 100 neuromuscular patients with elevated VGCC antibodies, only 6 patients were diagnosed with LEMS. This case illustrates the importance of applying appropriate clinical judgement with results of investigations.

051 ISCHAEMIC STROKE AS THE ONLY MANIFESTATION OF ANTI-NEUTROPHILIC CYTOPLASMIC AUTOANTIBODY ASSOCIATED VASCULITIS

¹John Tran, ²Joshua Abasszade, ¹Yew Li (Michelle) Dang, ¹Doug Crompton. ¹Northern Health, Melbourne, VIC, Australia; ²Monash Health, Melbourne, VIC, Australia

10.1136/bmjno-2021-ANZAN.51

Background The diagnosis of anti-neutrophilic cytoplasmic autoantibodies (ANCA) associated vasculitis (AAV) in first episode strokes is more challenging compared with consecutive strokes, especially in patients lacking other clinical features of AAV.

Methods/Results Here, we present the case of a 71-year-old female with positive myeloperoxidase (MPO) ANCA and negative proteinase 3 (PR3) ANCA. Our patient presented with a one-week history of pyramidal weakness in both upper and lower limbs, hyperreflexia and clonus. Brain MRI demonstrated widespread bi-hemispheric cortical and deep white matter acute infarcts. Investigations revealed eosinophilia on full blood examination and positive MPO-ANCA antibody. Consistent with features of stroke secondary to AAV, the deep penetrating vessels were predominantly affected resulting in a multifocal distribution of infarcts in the white matter. MPO-ANCA positive vasculitis diseases are more commonly associated with renal, pulmonary and cutaneous manifestations, however our patient did not have other systemic manifestations of AAV, and her presentation was solely limited to the CNS.

Conclusions This case highlights the challenges of diagnosing primary CNS vasculitis, especially an atypical MPO-ANCA positive disease that fails to have the classical clinical signs and course.

052 PREDICTIVE VALUE OF SIGNS AND SYMPTOMS IN CODE STROKES FOR DIAGNOSIS OF ISCHAEMIC STROKE OR TIA

¹Mei Yan Ngun, ¹Mark Tacey, ²Douglas Crompton. ¹Austin Hospital, Heidelberg, VIC, Australia; ²Northern Health, Epping, VIC, Australia

10.1136/bmjno-2021-ANZAN.52

Objectives This study aimed to determine the history features, signs and symptoms identified during a code stroke that correlate with the diagnosis of ischemic stroke or transient ischemic attack (TIA). We investigated the rate of stroke mimics and aimed to develop a clinical prediction model.

Methods Consecutive code stroke presentations to a primary stroke centre were recruited. Patient characteristics, medical history, signs or symptoms on activation of code stroke were collected from the medical record. Diagnosis of ischemic stroke was determined by radiographic evidence of infarction. Univariate analysis and multivariable logistic regression analysis were used to determine the features that predict ischemic stroke/TIA versus mimic.

Results Among 493 code strokes, 64.5% were mimics. The most commonly diagnosed mimics were migraine, peripheral vertigo and seizure. Upper limb sensory change (OR 3.27 [95% CI, 1.75-6.11]), hemiplegia (OR 2.70 [95% CI, 1.65-4.43]), dysphasia (OR 2.62 [95% CI, 1.56-4.40]) and history of atrial fibrillation (OR 2.01 [95% CI, 1.14-3.54]) or hypertension (OR 1.77 [95% CI, 1.10-2.83]) are highly predictive of stroke/TIA. Headache (OR 0.40 [95% CI, 0.23-0.69]) is predictive of a mimic. Dizziness and vertigo were more common in stroke mimics. C-statistic for the study models ranged from 0.70 to 0.76.

Conclusion Objective signs such as unilateral motor weakness and dysphasia are highly predictive of ischemic stroke/TIA whereas symptoms of headache and dizziness are suggestive of stroke mimic. Stroke mimic rate is influenced by local prevalence and threshold for code stroke activation. Incorporating positive and negative predictive features may improve future stroke prediction tools.

053 EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS PRESENTING WITH SIMULTANEOUS CENTRAL AND PERIPHERAL NERVOUS SYSTEM INVOLVEMENT

Julia Lim, Yi Chao Foong, Abhishek Malhotra. Barwon Health, Geelong, VIC, Australia

10.1136/bmjno-2021-ANZAN.53

Objective Peripheral nervous system involvement in eosinophilic granulomatosis with polyangiitis (EGPA) is well described. However, central nervous system involvement is uncommon. We describe a case of simultaneous central and peripheral nervous system involvement in EGPA. The diagnosis was confirmed on histopathology. A high index of suspicion is needed to initiate prompt treatment for this potentially life-threatening condition.

Report 85-year-old male presented with subacute generalised lower limb weakness on the background of known eosinophilic asthma treated with interleukin-5 inhibitor (mepolizumab) and prednisolone. During his admission, he developed transient aphasia, followed by mononeuritis multiplex involving the left median and femoral nerves and purpuric rash over few days. Laboratory investigations showed no peripheral eosinophilia. ANCA revealed a borderline elevated myeloperoxidase antigen (MPO) of 21 U/mL. MRI brain revealed multiple small foci of diffusion restriction within the basal ganglia bilaterally, as well as paranasal sinusitis. MRA/CT cerebral angiogram was unremarkable. Prolonged telemetry and TOE did not show any central embolic cause. Left lateral gastrocnemius muscle biopsy revealed fibrinoid necrosis associated with adjacent eosinophils. Induction with intravenous cyclophosphamide was commenced along with high dose corticosteroids. He has been neurologically stable since.

Conclusion Simultaneous peripheral nervous system involvement with multiterritory stroke should heighten the suspicion for systemic vasculitis. Cerebral arterial imaging may be normal in small to medium vessel vasculitis such as EGPA. Pre-existing mepolizumab therapy may make diagnosis more challenging by normalising pathology results. Histopathology can be of value to confirm diagnosis.

REFERENCES

1. Keogh KA, Specks U. Churg-Strauss syndrome: update on clinical, laboratory and therapeutic aspects. *Sarcoidosis Vasc Diffuse Lung Dis* 2006 Mar;23(1):3–12.