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054 AN ADULT CASE OF ACUTE CEREBELLITIS AS A MANIFESTATION OF MYCOPLASMA PNEUMONIAE INFECTION

Amanda Ji, Michael Roizman, Andrew Swayne. *Centre for Neurosciences, Mater Hospital, Brisbane, QLD, Australia*

10.1136/bmjno-2021-ANZAN.54

Introduction Acute cerebellitis is exceptionally rare in adults often preceded by systemic viral or bacterial infections. We present a case of acute cerebellitis following otherwise asymptomatic *Mycoplasma Pneumoniae* infection.

Case Descriptions A 40-year-old man presented with a three-day history of acute onset of dizziness, vomiting and headache which was initially diagnosed and managed as vestibular neuritis. He was discharged and four days later represented with slurred speech and difficulty walking. On examination, he was alert, had an ataxic gait, dysarthria and bilateral hypermetric saccades. CSF studies showed an elevated leukocyte count of $152 \times 10^6/L$ with 100% mononuclear cells and a mildly elevated protein level of 0.7g/L with normal glucose. Other CSF analysis including a multiplex PCR panel for a variety of viral, bacterial and fungal pathogens, cytology, flow cytometry, antineuronal and encephalitis antibody tests were negative. MRI showed features consistent with acute cerebellitis including subtle diffuse cerebellar hyperintense signal on T2 and FLAIR sequences. Serological testing showed the presence of *Mycoplasma Pneumoniae* IgM and IgG. A diagnosis of acute cerebellitis was made, and the patient received supportive care and made a complete neurological recovery after 10 days. A repeat MRI one month later showed imaging resolution and he remained asymptomatic at clinic follow-up.

Conclusion This case describes an adult with cerebellitis most likely secondary to *Mycoplasma Pneumoniae* infection with other causes excluded on extensive investigation. Although rare, acute cerebellitis should be considered as a part of the differential diagnosis of acute vertigo particularly in the presence of cerebellar signs.

055 AN ATYPICAL PRESENTATION OF TRANSIENT EPILEPTIC AMNESIA LASTING SIX HOURS

Benjamin D Wood, Amanda Ji, Michael Roizman, Andrew Swayne. *Mater Centre for Neurosciences, Brisbane, QLD, Australia*

10.1136/bmjno-2021-ANZAN.55

Background Transient epileptic amnesia (TEA) is a clinical presentation of focal epilepsy from temporal origin characterised by transient episodes of anterograde amnesia without other aspects of cognitive impairment. It is a rare diagnosis which requires evidence of epilepsy, such as epileptiform abnormalities on electroencephalogram (EEG). We present a case of a 76-year-old female with a prolonged episode of TEA.

Case Description A previously well 76-year-old female presented to a tertiary hospital emergency department following

sudden onset anterograde amnesia. She was disoriented to time and had repetitive questioning, however routine physical and neurological examination revealed no abnormalities. Initial investigations including CT Head and routine bloods did not find a reversible cause for her symptoms. She subsequently fully recovered after six hours. MRI of her brain showed chronic small vessel changes with no hippocampal abnormality. Routine EEG revealed right temporal sharp waves maximal at T8, indicating an underlying temporal lobe epilepsy. A diagnosis of TEA was made, and the patient was commenced on Levetiracetam. The patient has not had further amnesic events since.

Conclusion This case demonstrates an atypical presentation of TEA. Typically, episodes of TEA last less than 1hr and occur on waking. Our case presented deceptively similarly to Transient Global Amnesia, a disorder with usually one episode of anterograde amnesia 2-24hrs long, characterized by repetitive questioning without impairment of other cognitive functions. However routine EEG workup showed evidence of temporal lobe epilepsy, re-clarifying the diagnosis as TEA. This case demonstrates the importance of EEG workup in presentations of transient amnesia.

056 OUTCOME OF ENDOVASCULAR THROMBECTOMY FOR ULTRA-LONG AEROMEDICAL TRANSFERS: THE EXPERIENCE OF ONE 'HUB' AND ELEVEN 'SPOKE' SITES COVERING MORE THAN 1.8 MILLION KM²

¹Seppy Pakrah, ¹Karen Huang, ¹Haylee Berrill, ¹Meng Tan, ¹Peter Bailey, ¹Arman Sabet, ²Laetitia Devilliers, ²Hal Rice, ¹Darshan Shah. ¹*Department of Neurology, Gold Coast University Hospital, Southport, QLD, Australia;* ²*Department of Interventional Neuroradiology, Gold Coast University Hospital, Southport, QLD, Australia*

10.1136/bmjno-2021-ANZAN.56

Background Local endovascular services for acute stroke in rural and remote regions remain a significant challenge despite higher rates of stroke in these regions.

Objectives We present time metrics, logistics, safety and outcome data on stroke patients with large vessel occlusion (LVO) that were aero-medically transferred from rural and remote 'spoke' sites to the Gold Coast University Hospital (GCUH) 'hub' for endovascular thrombectomy (EVT).

Methods This is a retrospective observational study utilizing prospectively collected stroke database from December 2018 to March 2020. Aeromedical transfers from ten rural and remote Queensland sites and one Northern New South Wales site were included, covering more than 1.8 million km² catchment area.

Results Over the period of 16 months, 20 out of 26 transferred patients underwent EVT. Mean distance was 1350 km, median time of ictus to recanalization was 928 minutes and TICI 2b-3 was achieved in 90% of the patients. One out of 20 patients (5%) had symptomatic intracranial hemorrhage (sICH), and 9 out of 20 (45%) achieved functional independence (mRS 0-2) at 90 days; similar to the recent pivotal trials.

Conclusions Our 12-center network experience confirms real world reproducibility of trial results, including ultra-long transfers, and supports such transfers at other centers worldwide.