group and comparable to control group values post IVIg induction.

Clinically stable and unstable patients with CIDP on IVIg treatment: pNfL was significantly greater in unstable patients than stable patients. A pNFL value above 16.6 pg/mL identified unstable treated CIDP from stable treated CIDP (sensitivity= 86.7%, specificity= 66.7%, area under ROC= 0.73).

Treatment withdrawal group: There was a strong and statistically significant correlation between pNfL concentration at time of IVIg withdrawal and the occurrence of relapse, suggesting an association of higher pNfL with active disease.

Conclusion pNfL concentrations may be a sensitive, clinically useful biomarker in assessing subclinical disease activity.

2278 AMA-VACC: CLINICAL TRIAL ASSESSING THE IMMUNE RESPONSE TO SARS-COV-2 MRNA VACCINES IN SIPONIMOD TREATED PATIENTS WITH SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS

[1]Naomi Burke*, [2]Tjalf Ziemssen, [3]Benedict Rauser, [3]Marie Groth, [4]Tobias Bopp. *[1]Novartis, North Ryde, NSW, Australia; [2]Department of Neurology, Center of Clinical Neuroscience, Carl Gustav Carus University Clinic, University Hospital of Dresden, Dresden, Germany; [3]Novartis Pharma GmbH, Nuremberg, Germany; [4]Institute for Immunology, University Medical Center of the Johannes Gutenberg-University, Mainz, Germany*

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Objective To understand the longitudinal cellular and humoral immune responses to SARS-CoV-2 mRNA vaccines depending on the timing of vaccination and siponimod treatment.

Methods AMA-VACC is an open-label, three-cohort, prospective study in Germany with 41 multiple sclerosis patients currently treated with siponimod, any first-line DMT or without treatment at all. Cohort 1 received SARS-CoV-2 mRNA vaccination while continuing siponimod treatment, cohort 2 interrupted siponimod treatment for a full vaccination cycle and cohort 3 received vaccination during continuous treatment with first-line DMTs (glatiramer acetate, interferons, teriflunomide) or no current treatment. Primary endpoint is the rate of patients achieving seroconversion assessed by detection of serum neutralizing antibodies one week after SARS-CoV-2 mRNA vaccination. Furthermore, development and maintenance of SARS-CoV-2 specific T-cells is evaluated in all patients. Both parameters are analyzed in week one and month one and six after initial vaccination cycle and one month after a potential booster vaccination.

Results After a positive first interim analysis showing both SARS-CoV-2 neutralizing antibodies and T-cell responses one week after complete vaccination in siponimod patients data will be available in early 2022 for all patients at week one and later time points including first booster vaccinations.

Conclusions This analysis will provide first longitudinal data on the immune response after SARS-CoV-2 mRNA vaccination in siponimod treated SPMS patients and enable physicians and patients to make an informed decision on the coordination of SARS-CoV-2 mRNA vaccination and SPMS treatment.

2279 SEVERE REFRACTORY ANTIBODY-POSITIVE AUTOIMMUNE PANDYSAUTONOMIA POST-COVID19 VACCINATON: A CASE REPORT

[1]Simon P Rowe*, [1]Zeljka Calic, [2]Judith Spies, [3]Nicolás Urriola. *[1]Neurophysiology, Liverpool Hospital, Sydney, NSW, Australia; [2]Department of Neurology, Royal Prince Alfred Hospital, Sydney, NSW, Australia; [3]Department of Clinical Immunology and Allergy, Royal Prince Alfred Hospital, Sydney, NSW, Australia*

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Background COVID-19 vaccine-associated peripheral and central neuroimmunological disorders have been well described. We present the case of a 57 year old male who developed α3-ganglionic AChR antibody positive Autoimmune Autonomic Ganglionopathy (AAG) after completion of a two-dose course of mRNA (Cominarty) vaccination for COVID19.

Results A previously hypertensive 57 year old Vietnamese male presented with the subacute sequential onset of severe constipation, urinary retention, erectile dysfunction, sudomotor failure, sicca symptoms, non-reactive pupils and severe orthostatic hypotension shortly after receiving the second dose of an mRNA vaccine against COVID19. Autonomic testing revealed severe cardiovagal, adrenergic and sudomotor impairment, and tonic 'half-mast' pupils with evidence of sympathetic and parasympathetic denervation. Nerve conduction studies were normal. Investigations for common causes of autonomic failure were non-contributory to a diagnosis. Pathological α3-ganglionic ACHR antibodies were positive in serumas detected by a new flow cytometric immunomodulation assay. Malignancy was excluded. The patient was diagnosed with severe, treatment resistant acute pandysautonomia (AAG).

Conclusions While autonomic dysfunction has been previously reported post-COVID19 vaccination, to our knowledge this is the first reported case of antibody-positive AAG in this setting. The severity of this case is in marked contrast to the existing literature on idiopathic antibody-positive autoimmune pandysautonomia.

2282 SUSPECTING RASMUSSEN'S ENCEPHALITIS IN ADULTS: A CASE REPORT AND LITERATURE REVIEW

[1]Pakeeran Siriratnam*, [2,3]Katherine KB Buzzard. *[1]Neurology, Alfred Health, Melbourne, VIC, Australia; [2]Neurology, Eastern Health Clinical School, Monash University, Box Hill Hospital, Box Hill, VIC, Australia; [3]Neurology, The Royal Melbourne Hospital, Parkville, VIC, Australia*

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Objectives Adult-onset Rasmussen's encephalitis (A-RE) continues to present significant diagnostic and therapeutic challenges to clinicians, resulting in extensive investigations and an invariably long gap from presentation to diagnosis, which may subsequently correlate with poorer clinical outcomes. An increased awareness of the condition and a low threshold for suspicion are paramount to bridging this gap.

Methods/Results Here we present a case of a 36-year-old man with a prodrome of right sided sensory symptoms and subsequent right focal motor seizures, myoclonus/