REFERENCES
1. Irani SR, Alexander S, Waters P, *et al*. Antibodies to Kv1 potassium channel-complex proteins leucine-rich, glioma inactivated 1 protein and contactin-associated protein-2 in limbic encephalitis, Morvan's syndrome and acquired neuromyotonia. *Brain* 2010;**133**:2734–48
2. Gadoth A, Pittock SJ, Dubey D, *et al*. Expanded phenotypes and outcomes among 256 LGi1/CASPR2-IgG-positive patients. *Ann Neurol* 2017;**82**:79–92.

2376 IMMUNOADSORPTION, THERAPEUTIC PLASMA EXCHANGE AND PREGNANCY IN WOMEN WITH MULTIPLE SCLEROSIS – A CASE SERIES FROM GERMANY

Karen Dost-Kovalsky*, Sandra Thiel, Andrea Ciplea, Ralph Gold, Kerstin Hellwig. *Department of Neurology, St. Josef Hospital-Katholisches Klinikum, Bochum, NRW, Germany*

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Objectives The aim of this study was to asses pregnancy outcomes and disease activity after apheresis in women with multiple sclerosis (MS).
Methods Women who relapsed during pregnancy and received apheresis, documented in the German Multiple Sclerosis and Pregnancy Registry (DMSKW) are presented. Pregnancy outcomes and disease course were captured with a standardized questionnaire in regular telephone interviews during pregnancy and post-partum. Relapse, treatment data and EDSS-values were verified by treating physicians.
Results In 28 pregnancies 15(53.6%) women received immunadsorption, 8(28.6%) received therapeutic plasma exchange and 5(18%) received both on separate occassions due to severe relapses, with a median(range) EDSS of 4(1.5–9.5) during relapse. The median (range) number of apheresis cycles was 5(2–8). Most women (92.86%) received corticosteroids prior to apheresis with a mean(SD) of 1950mg(375mg). 28 live-births with 2(7.4%) congenital malformations were reported, transposition of the great arteries and hip dysplasia. 3(10.7%) SGA births were reported and 6(21.4%) babies were born prematurely. The mean(SD) birthweight was 2688g (792.2g) and excluding pre-term births, 3006g(514.1g).
Conclusion Women with severe relapses receiving a combination of corticosteroids and apheresis during pregnancy have a higher risk for preterm birth and reduced birthweight. Our data add useful information on pregnancy outcomes after treatment with apheresis during pregnancy, however is limited by the small sample size. Also, concurrent corticosteroid exposure is a possible confouding factor, which will be investigated in further analysis. Women with highly active MS should be counselled and plan their pregnancy beforehand.

2377 SPECIALIST COGNITIVE MANAGEMENT IN A MULTIPLE SCLEROSIS AND NEUROIMMUNOLOGY CLINIC

[1,2]Stefanie Roberts, [1,2]Izanne Roos, [1,2]Tomas Kalincik, [1,2]Charles Malpas. [1]*CORe Unit, Department of Medicine, University of Melbourne, Parkville, VIC, Australia*; [2]*MS Centre, Department of Neurology, Royal Melbourne Hospital, Parkville, VIC, Australia*

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Objectives The Royal Melbourne Hospital newly hosts a dedicated cognition clinic for patients with multiple sclerosis (MS) and other neuroimmunological disorders. An audit of the cognitive unit was conducted following the first eighteen months of service operation to describe the approach and practice of cognitive diagnosis and to characterize the first cohort of patients to receive care.
Methods Medical records of all patients referred to the unit were reviewed for patient diagnosis, basis of cognitive referral, psychometric profile, and management outcomes. Cognitive dysfunction was determined using the Brief International Cognitive Assessment for MS (BICAMS) with scores less than 1.5SD below the mean considered impaired.
Results The clinic serviced patients across cognitive, neurological, psychological and functional referral points. Of 127 patients seen, 104 had MS. 37%, 11% and 2% of MS patients were impaired on at least 1, 2 or 3 subtests of BICAMS, respectively. Recommendations for patient management frequently included referral for clinical psychology (38%), further neuropsychological management (13%) or psychiatric opinion (7%), as well as other interventional strategies for fatigue and pain.
Conclusion Consistent with the MS scientific literature, cognitive impairment was heterogenous in the cohort. The rate of diagnosed cognitive impairment, however, diverges from published prevalence estimates. This unique sample of patients referred to the Royal Melbourne Hospital Multiple Sclerosis Centre Cognitive Unit provides a new window to the MS patient, outside parameters set for recruited research samples. The high service demand from both patients and clinicians alike demonstrates the need for specialist MS and neuroimmunological cognitive opinion.

2378 GNE MYOPATHY WITH A NOVEL LIKELY PATHOGENIC GENETIC VARIANT

[1]Yangyang (Erin) Xiao*, [2]Thomas Robertson, [1]Pamela McCombe. [1]*Neurology Department, Royal Brisbane and Women's Hospital, Brisbane, QLD, Australia*; [2]*Neuropathology Department, Royal Brisbane and Women's Hospital, Brisbane, QLD, Australia*

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Background GNE myopathy is a rare autosomal recessive disease caused by mutation in the GNE gene, also known as quadriceps sparing myopathy or hereditary inclusion body myopathy. The estimated worldwide prevalence is 1/1000,000. There are over 150 mutations known to be causative for GNE myopathy. We describe a case of GNE myopathy with compound heterozygosity for one pathogenic and one novel, likely pathogenic variant in the GNE gene.
Case Report A 32-year-old previously healthy woman of Indian descent was referred to our clinic with progressively worsening waddling gait and weakness in her hands. She was uncertain about where her weakness started first and she had no significant family history. On examination, she had weakness of finger flexion, thumb abduction, hip flexion, knee flexion and ankle dorsiflexion with decreased reflexes and normal sensation. Muscle biopsy suggested hereditary inclusion body myopathy and it was confirmed by neuromuscular panel showing heterozygous C.2179G>A (12p.val727Met); C.1368C>A (7p.Ser456Arg) in the GNE gene. She was referred to orthopaedics for foot splints, physiotherapy for muscle strengthening and occupational therapy for impaired hand function. Her condition remained stable at present.
Conclusion GNE myopathy is a rare distal myopathy due to variants in GNE gene. While C.2179G>A being a common variant in Indian population, C.1368C>A is a novel variant likely causative for the disease. Currently there is no disease modifying therapy and management is centred around