

Arguments by ‘lumpers’ seek to continue current practices for surety of surveillance, rehabilitative, prognostic and financial equipoise purposes: this merits review. Modern-day diagnoses by genetics aid reproductive plans; rehabilitation via virtual therapies relying on vision and hearing; artificial limbs, robotics and the application of nanotechnology for monitoring and mobility purposes – have altered the landscape in which modern CP is contextualized.

Conclusion CP is multi-dimensional: so many trajectories can now be clearly specified, quantified and ameliorated. There are cogent arguments for specifying causes as far as possible (‘splitting’), with specific interventions for each aetiology (including financial), naturally flowing.

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RIGHT PARIETAL STROKE: WHAT THEY DON'T KNOW CAN'T HURT THEM!

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Objective Describe a perinatal parietal stroke with emotional anosognosia, presenting in adulthood.

A 46 years old female presented with imaging showing a remote right parietal infarct (superior and inferior lobules), and colpocephaly. There was a history of Congenital Rubella Syndrome (CRS), cognitive impairment and frequent near-miss motor vehicle accidents. She self-reported being an ‘unsettled child’ – in sleep and education. She had difficulty in social situations interpreting others’ intentions toward her, even her husband’s. She had difficulty with child-rearing.

Perinatal strokes occur between 20weeks gestation and 28 days postnatally, presenting catastrophically or with milder Cerebral Palsy-like picture. Asymptomatic cases may go unrecognized for many years: one cause of an ‘asymptomatic’ stroke is a right parietal lesion with ‘anosognosia’.

The parietal lobe is at the cross-roads of vision, hearing, sensation and is involved with mediating self-awareness. Right Parietal strokes can present with difficult to characterize spectrums of misperceptions in vision, hearing and emotion. However, two further considerations apply here: 1) the disturbance of parietal function had occurred preceding the development of Parieto-cortical (short and long) fibre connections, and, 2) long fascicular tracts traversing through that parietal lobe have had their connections interrupted, secondarily affecting inter-hemispheric functions.

Conclusion A prenatal right parietal stroke is rare enough that neuropsychological test ‘normal values’ would be difficult to interpret. Patients who present with longstanding neurological issues should be imaged at least once as an adult. Validated neuropsychological testing for the right parietal lobe needs to be developed to better understand this debilitating condition.

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‘AN UNNERVING PROBLEM’, A CASE OF SEVERE RAPIDLY PROGRESSING POLYNEUROPATHY IN AN ELDERLY LADY

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Background

- The patient is A 88-year-old lady who initially presented for workup of a pelvic mass but subsequently found to have a rapidly progressing weakness of both legs and hands.
- 5 weeks ago, the patient was independent with all activities of daily living. Currently, the patient had bilateral foot drop worst on the left, bilateral wrist drops, impaired pain and proprioception with preservation of reflexes on clinical examination.

Investigation and Treatment

- On initial presentation, patient had raised ESR 110 and raised CRP 115 with unclear cause. Septic screen and cultures were negative. Autoimmune screen was negative.
- CSF studies including cultures, chemistry, oligoclonal bands and cytology were normal
- Neuroimaging including MRI scan of the entire spine and CT brain were normal
- Significantly raised paraproteins but polyclonal and non-specific.
- Nerve conduction studies confirmed severe sensory axonal polyneuropathy, but interpretation greatly limited by patients’ ability to tolerate the examination. Coexisting motor neurone involvement could not be excluded on current study.
- Was treated with IVIG using CIDP protocol with some improvement in patient’s motor function.

Goals and learning points of presentation.

- To highlight the challenges and difficulty in managing a patient with rapidly progressive polyneuropathy in the geriatric age group with unclear cause
- To initiate an open discussion regarding the approach to diagnosis and management of these patients

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COVID VACCINATION-RELATED EXACERBATION OF SEIZURES IN PATIENTS WITH EPILEPSY

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Objectives 12 months since the implementation of the COVID vaccination, over 94% of the Australian population over 16 years old are fully vaccinated. Although vaccines are generally safe in persons with epilepsy (PWE), seizure-like events are a known complication of vaccinations, including COVID vaccines. This study assessed the rate of COVID vaccination-related exacerbation of seizures in PWE.

Methods Adult PWE who had received at least one COVID vaccine were prospectively recruited at the epilepsy clinic between June 2021 and February 2022. Patient demographics, including epilepsy history, vaccination details and side effects were recorded. The rate of seizure exacerbation, defined as within one week of vaccination, was assessed.

Results 364 PWE received the COVID vaccine, with 352 patients (97%) receiving two doses, with 73% receiving the Pfizer vaccine as their initial dose. 31% of patients were 12-months seizure free at baseline. The median number of anti-seizure medications (ASM) was 2, with 65% of patients on 2 or more ASM. Most patients (62%) had focal epilepsy. 10