any identifiable secondary cause. The resolution of imaging changes post-delivery suggests that the pregnancy itself may have been a triggering or associated factor in the development of the disorder.

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2443 THE SPECTRUM OF SEROPOSITIVE IMMUNE-MEDIATED ENCEPHALITIS IN WESTERN AUSTRALIA

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Objectives To analyse the clinical features of patients with seropositive immune-mediated encephalitis in Western Australia.

Methods Patients with a clinical syndrome consistent with immune-mediated encephalitis and positive anti-neuronal antibody in Western Australia were retrospectively identified between 2005 and 2021. The clinical features including investigations, treatment and outcome were analysed.

Results 58 patients met the inclusion criteria (35 (60%) patients female, median age at symptom onset 58 years (range 16–84 years). The most common antibody identified was had anti-NMDA-R (57%) followed by VGKC-complex (17%), anti-Hu (ANNA-1) (9%) and anti-CV2/CRMP5 (5%), with $GABA_B$, PCA-Tr, GAD-65, Ri (ANNA-2), Ma-2, Amphyphysin and GFAP seen in the remaining 12% of patients. All patients presented with one of encephalopathy (65.5%), neuropsychiatric symptoms (62.1%) or seizures (53.4%).29% of patients had prodromal flu-like symptoms. 3 patients developed anti-NMDA-R encephalitis post-partum Only 50% of patients had an associated malignancy, most commonly ovarian teratoma) in patients with anti NMDA-R Ab and non-small cell lung cancer in patients with other . Of the 43 (74%) patients with 33 (57%) patients had MRI abnormalities. 86% of patients received , with initial treatment most commonly being high dose steroids (82%) and/or IVIG (68%). Median length of stay was 45 days. Although 70% had a favourable MRS (0–2) at last follow up, 11 patients (19%) died.

Conclusion The findings demonstrate the spectrum of immune-mediated encephalitis in Western Australia with anti-NMDA-R Ab encephalitis most frequently seen.

2445 A RARE CASE OF ERDHEIM-CHESTER DISEASE ASSOCIATED WITH ANTI-GABA-B ANTIBODIES

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Introduction Encephalitis associated with anti-GABA-B antibodies is a rare phenomenon which has been typically shown to manifest as a paraneoplastic process, usually associated with small-cell lung cancer. The present case is an unusual presentation of cognitive decline in the context of GABA-B antibody positivity in association with Erdheim-Chester disease (ECD).

Case A 71 year-old previously high-functioning female presented to the Emergency Department with an abnormal outpatient MRI brain. On further history, there had been a subtle decline in memory and disinhibited behaviour in a premorbidly highly intelligent woman. After extensive investigation, she was found to have positive serum GABA-B antibodies. The search for underlying malignancy was inconclusive. It was not until the orthopaedics team requested a plain X-ray of the femurs that the classic radiological features of Erdheim-Chester disease were revealed, which was confirmed on a bone biopsy. She was diagnosed with Erdheim-Chester disease associated with anti-GABA-B antibodies. Her BRAF v600E mutation was negative, and hence she was commenced on treatment with cobimetinib. Therapy initially produced minor improvement in simple attention and processing speed on neuropsychological assessment, but there continued to be a marked decline in orientation, learning and memory abilities. Unfortunately, the patient continued to suffer from marked cognitive and behavioural disturbance six months after receiving treatment.

Conclusion This is an unusual case of cognitive decline secondary to a paraneoplastic autoimmune encephalitis associated with ECD. The case serves as a reminder that ECD should be considered as a differential for patients who present with neurological symptoms.

2446 RECURRENT GUILLAIN-BARRE SYNDROME FOLLOWING COVID-19 VACCINATION AND SUBSEQUENT INFECTION

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We report the case of a 41-year-old previously well male who developed recurrent Guillain-Barre syndrome (GBS) following sequential COVID-19 vaccination and again after subsequent acute COVID-19 infection. While recurrent GBS is reported, monophasic courses predominate the literature with temporal associations to new viral illnesses or vaccinations. Notably with the world-wide viral and vaccine crisis, atypical forms of GBS have been reported particularly in association to COVID-19 vaccination. In this case, our patient had an onset of distal parasthaesias at three weeks following COVID-19 vaccination progressing proximally over the next two weeks. These symptoms eased and he proceeded with his second dose at the planned time interval. Unfortunately, one week following this vaccination he developed a recurrence of symptoms so severe they prompted presentation to an emergency department. At this time, he was diagnosed with GBS due to the clinical picture of distally progressive parasthaesias and hyporeflexia with cerebrospinal fluid albuminocytologic dissociation. He subsequently rapidly responded to a standard course of intravenous immunoglobulin. Following this initial treatment course, he suffered a recrudescence of symptoms following acute COVID-19 infection. These symptoms remained mild and have abated with now only residual intermittent tingling parasthaesias which no longer interferes with his daily function. There is a lack of evidence to support a causal relationship between COVID-19 vaccination and recurrent GBS however, this case raises