intravenously every two weeks, and an open label extension phase of variable duration. The primary outcome is the average change in MG-ADL score from baseline to weeks 22, 23 and 24 of the double-blind placebo-controlled phase.

Results Study enrollment began in July 2021 and is ongoing.

Conclusions The ongoing Vivacity MG Phase 3 study will assess the efficacy, safety, and PK/PD of Nipocalimab in adult gMG.

2582 PERINEURAL SPREAD OF SQUAMOUS CELL CARCINOMA (SCC) CAUSING VISION LOSS- A DELAYED COMPLICATION

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A 66-year-old gentleman presented with gradual onset, painful, right eye visual loss with right maxillary paraesthesia on a background of previous Basal Cell Carcinoma (BCC) excision and mild cognitive impairment.

Neurological examination demonstrated binocular diplopia with metamorphopsia, and right eye proptosis associated with numbness in the first two divisions of the right Vth cranial nerve. Visual fields assessment was difficult due to cognitive impairment.

Investigations demonstrated non-specific mild bilateral optic atrophy on Ocular Computed Tomography (OCT). MRI brain showed abnormal enhancement of right infraorbital nerve and right optic nerve with involvement of the ophthalmic and maxillary division of the trigeminal nerve which was highly suspicious for perineural invasion (PNI) of tumour. A right infraorbital nerve biopsy confirmed intra and perineural spread of a moderately differentiated keratinising squamous cell carcinoma (SCC). The patient was managed with palliative radiotherapy and succumbed to his illness eventually.

Discussion Perineural invasion can occur in cutaneous SCCs when associated with other poor prognostic features including head and neck location and poor histologic differentiation on biopsy[1.] Since majority of patients present without symptoms of neural involvement, physicians must be vigilant in the search for this type of tumor spread.

Conclusion PNI of SCC of the head and neck has been associated with poor prognosis.[1]Patients may initially be asymptomatic and cranial nerve deficits become apparent only at an advanced stage of cancer spread.[2] Early detection of PNI could help in treatment planning with curative intent.

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2593 A CASE OF GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP) ASTROCYTOPATHY AFTER NOVAVAX COVID-19 VACCINATION

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Introduction Autoimmune glial fibrillary acidic protein (GFAP) astrocytopathy was first defined in 2016.[1] It usually presents as meningoencephalomyelitis associated with IgG binding to GFAP. The literature suggests an association with neoplasms and possibly viral infections.[1] Few case reports[2 3] have shown GFAP astrocytopathy after COVID-19 infection, and one case report[4] with the Moderna COVID-19 vaccination (mRNA-1273). We describe another GFAP astrocytopathy presenting as meningoencephalitis after the Novavax COVID-19 vaccination (NVX-CoV2373).

Case We describe a man in his 50s, previously well, with subacute meningoencephalitis. He presented initially with progressive worsening migrainous headache associated with anorexia, nausea, night sweats and malaise. Several days later, he developed cauda equina syndrome, unrelenting hiccups, encephalopathy and multiple cranial neuropathies. The symptoms were preceded by his 3rd COVID-19 vaccination booster, Novavax COVID-19 vaccination (NVX-CoV2373), one week prior. Neuroimaging revealed diffuse leptomeningeal and perivascular enhancement involving the brain stem, spinal cord and cauda equina. The infective, vasculitic and paraneoplastic screening were negative. Both anti-MOG and AQ4 were also negative. Malignancy screening was negative. However, his CSF and serum anti-GFAP antibody levels were strongly positive. He was managed with IV methylprednisolone, plasmapheresis and rituximab over two months with marked improvement.

Conclusion GFAP astrocytopathy should be acknowledged as a rare potential neurological complication of COVID-19 vaccination, especially if meningoencephalitis is present.

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2594 PARANEOPLASTIC LONGITUDINALLY EXTENSIVE TRANSVERSE MYELITIS IN THE CONTEXT OF RENAL CELL CARCINOMA

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Neuromyelitis optica spectrum disorder (NMOSD) is a relapsing inflammatory disorder of the central nervous system most commonly associated with aquaporin-4 antibody (AQP4) and anti myelin oligodendrocyte antibody (MOG). Most commonly an idiopathic autoimmune condition, paraneoplastic NMOSD is a rare but important differential in older individuals presenting with LETM and should prompt investigation for a malignancy. We describe a case of NMOSD presenting as longitudinally extensive spinal cord lesion in a previously healthy 74 year old Asian female with renal cell carcinoma. Originally thought to be a metastatic intramedullary renal cell carcinoma metastasis, imaging was more consistent with a longitudinally extensive transverse myelitis (LETM) lesion. AQP4 and MOG antibodies were