recommended regular physiotherapy and ongoing respiratory support.

Conclusion Multiminicore myopathy is a rare inherited condition typically presenting in childhood. Respiratory failure is common in large case series, though onset is usually before adolescence. As in the present case, muscle biopsy features can be non-specific and further genetic testing may be required for diagnosis. With genetic panels now more widely available, it is likely that diagnosis rates of rare diseases will increase, thus changing our understanding of disease demographics.

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2818 RECURRENT MENINGO-ENCEPHALITIS DUE TO MOG-ANTIBODY ASSOCIATED DISEASE

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Introduction Myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) typically presents with optic neuritis, myelitis, or intracranial demyelination. Recent literature has described presentations consisting of meningo-cortical inflammation associated with anti-MOG antibody. This syndrome is sometimes known as FLAMES – FLAIR hyperintense lesions in anti-MOG associated encephalitis with seizures.

Case report We present the case of a 39-year-old man who presented to hospital with one month of headache associated with photophobia and mild encephalopathy. During his admission the patient developed left-sided focal motor seizures. MRI of the brain showed FLAIR high signal in the right median occipital parasagittal sulci with post-contrast leptomeningeal enhancement extending to the left occipital lobe. CSF analysis showed raised white cells with a negative gram stain and negative viral PCR panel. Serum and CSF antibody tests were positive for anti-MOG antibody. Treatment with intravenous methylprednisolone resulted in rapid improvement in symptoms over days. Repeat MRI two months later showed normalization of the cortical change.

One year later, the patient represented with headache. Repeat MRI brain showed new leptomeningeal enhancement predominantly within the right occipital lobe, and repeat CSF was inflammatory. Treatment with intravenous steroids again rapidly improved symptoms, and long-term treatment with oral steroids and rituximab was instituted.

Conclusions Atypical MOGAD presentations include a spectrum of cortical and meningeal predominant manifestations. Our patient is a typical example of this, with a typically rapid response to treatment. Testing for anti-MOG antibodies is crucial in patients with cortical hyperintensities on MRI, as prompt diagnosis and treatment can result in improved outcomes

2821 BILATERAL DYSGEUSIA SECONDARY TO POST-COITAL UNILATERAL THALAMIC ISCHAEMIC STROKE

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Introduction This case report describes a twenty-five-year-old female with bilateral loss of taste secondary to right anterior ischaemic thalamic stroke.

Methods A single case report of a patient admitted to Mater Hospital, Australia with review of related published case reports.

Results A right-handed twenty-five-year-old female presented with post-coital acute onset headache, dizziness, dysarthria & left-sided facial droop. Initial symptoms resolved & the patient became aware of bilateral loss of taste. She described limited ability identifying foods previously enjoyed & subsequent dissatisfaction with oral intake.

Dysgeusia was evident on examination bilaterally with all tested food stimuli.

MRI revealed a focus of restricted diffusion in the right hemi-thalamus consistent with acute ischaemic stroke. CT head and neck angiogram were unremarkable with no evidence of vasospasm. Trans-oesophageal echocardiogram reported a positive agitated saline contrast study suggestive of patent foramen ovale & referred for closure.

Discussion The dorsomedial thalamic nucleus is involved in both intensity of taste perception and the hedonic nature of oral intake.[1] Both thalami provide bilateral taste perception, however there is marked variability in innervation, with rare reports of unilateral thalamic strokes resulting in bilateral loss of taste.[2]

The reward pathways associated with pleasant taste sensations are important for motivating oral intake and maintaining nutrition. Gustatory dysfunction generally improves, but is important to address in the acute stroke period including nutritional assessment, diet modifications & associated mood disorder.[1]

Conclusions Bilateral dysgeusia secondary to unilateral thalamic stroke is a very rare stroke complication with associated serious patient consequences including malnutrition.

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2822 FROM HOSPITAL TO HOME: SUPPORTING CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY PATIENTS ON SUBCUTANEOUS IMMUNOGLOBULIN THERAPY

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