Objectives We review consumer satisfaction with the support provided to those with chronic inflammatory demyelinating polyneuropathy (CIDP) treated with subcutaneous immunoglobulin (SCIg) at our hospital.
Methods We performed a chart review of all CIDP patients transitioned from intravenous immunoglobulin (IVIg) to SCIg from 2019–2022 at the Royal Melbourne Hospital. We reviewed the education and support process, medication and consumable supply to patients, and assessed patient-reported satisfaction through interview.
Results Five patients were transitioned onto SCIg, 3 patients continuing SCIg at the end of the period and a further 3 patients had commenced education in preparation for transition to SCIg. The same approach was used in all cases: 'SCIg eligible' patients were identified by the neuromuscular medical team, and with consent, our SCIg nurse provided initial in-person education at a subsequent IVIG infusion or via telehealth. Patients underwent two supervised SCIg infusions with the SCIg nurse; further training was not required, but could be provided upon evaluation of patient's experience and self-administering competence. Consumables and SCIg vials are provided by RMH infusion centre and pharmacy, and the patients are reviewed every 8–12 weeks by the treating team and/or SCIg nurse. Four out of 5 patients were available for interview, and all reported the medication was 'very easy' to administer as instructed, and expressed satisfaction with the process of SCIg education, transition and nursing support.
Conclusions Consumers consistently report a high degree of satisfaction with the process of SCIg education, treatment initiation and ongoing nursing support at our centre.

2824 REFRACTORY CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY UNMASKED BY CHADOX1 NCOV-19 VACCINE

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10.1136/bmjno-2023-ANZAN.164

Introduction Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) is an acquired autoimmune condition affecting the peripheral nerve and nerve roots. Vaccination for the SARS-CoV-2 virus has been associated with incident CIDP diagnoses, though the mechanism is unclear. We present a case of refractory CIDP following administration of the ChAdOx1 nCoV-19 vaccine and propose that vaccination unmasked a previously asymptomatic neuropathy.
Case A 79-year-old man presented with acute onset lower limb weakness and sensory disturbance 2 weeks after administration of the ChAdOx1 nCoV-19 vaccine. Clinical and neurophysiological assessments were consistent with acute inflammatory demyelinating polyneuropathy (AIDP). Despite early treatment with first line therapy, the patient experienced relapses over 5 months with incomplete recovery. A sural nerve biopsy in the acute setting showed changes consistent with chronic demyelination/remyelination. The patient improved following plasma exchange, rituximab, and bortezomib and was independently mobile on discharge.
Discussion The development of inflammatory neuropathy following vaccination is an established association. CIDP is a rare association with the ChAdOx1 nCoV-19 vaccine, typically presenting with acute neuropathy that proceeds to chronicity, as in our patient. In the present case, sural nerve biopsy showed findings consistent with chronic neuropathy although it was taken in the acute setting. We propose that the COVID-19 vaccine unmasked CIDP in a previously asymptomatic patient. A high index of suspicion and regular follow for those who develop neuropathy following vaccination is recommended.

2826 CASE REPORT: THYROTOXIC NEUROPATHY, A RARE BUT UNDER RECOGNISED CONDITION

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10.1136/bmjno-2023-ANZAN.165

Introduction Well known neurological associations with thyrotoxicosis include myopathy, periodic paralysis and ophthalmoplegia. Thyrotoxic neuropathy aka 'Basedow's Paraplegia' was described by Charcot in 1889 but remains rarely reported. We describe a case of subacute ophthalmoplegia, proximal and distal areflexic weakness in the setting of newly diagnosed thyrotoxicosis.
Case A 54-year-old previously well Chinese female presented with a 3-month history of progressive vertical diplopia, 20 kg of weight loss and symmetrical proximal limb weakness. Initial examination revealed a complex external ophthalmoplegia associated with peri-orbital swelling and lid retraction. Right eye elevation was impaired, and both vertical and horizontal movements were limited in the left eye. Symmetrical distal greater than proximal limb weakness including 3/5 ankle movements were recorded. Temperature and pain sensation was absent in a stocking distribution to the upper tibia associated with absent lower limb reflexes. Asymmetrical lower limb pitting oedema was also present. The gait demonstrated a waddling and high stepping quality. Investigations revealed a thyroid panel consistent with profound primary hyperthyroidism. Magnetic resonance imaging of the brain and orbits excluded cerebral lesions, cavernous sinus, or cranial nerve pathology. Interestingly, extra-ocular muscle enlargement was not present radiologically.
Conclusions This case represents a rare but described example of thyrotoxic neuropathy, which is likely an under recognised condition.

2827 REDUCED CALPAIN EXPRESSION IN A PATIENT WITH FASCIOSCAPULOHUMERAL MUSCULAR DYSTROPHY

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10.1136/bmjno-2023-ANZAN.166

Background Limb girdle muscular dystrophies (LGMD) show phenotypic and genotypic variability. Autosomal recessive calpainopathies (LGMD R1) can mimic fascioscapulohumeral dystrophy (FSHD) and is an important differential in patients with a scapuloperoneal syndrome.