showed a very severe sensory lesion of the right sural nerve, which and abdominal angiogram was normal. Nerve conduction studies evidence of myositis (see image). ANCA was negative and CT renal vasculitis affecting the small-medium arterial vessels. There was no improved rapidly. The subsequent biopsy showed a florid necrotising biopsy was requested urgently. IV steroids were administered followed excluded. The initial impression was of a focal myositis but a muscle Local rheumatology opinion was sought once malignancy had been photos). The CRP increased to 59 and then 123. CK remained normal. MF's symptoms progressed rapidly over a short period of time with diffuse swelling of the right lower limb with associated pain and the next few weeks, the swelling and pain to the right calf was thickening and oedema through the subcutaneous fat circumfer-
soleus and to a lesser extent the lateral head of gastrocnemius. There was no thickening of the peroneus longus muscle proximally. There was no ray were normal. An ultrasound scan of the right calf showed fusiform history of right lateral calf pain and swelling to the lateral border of the
In May 2021, MF presented to a general paediatric clinic with a 6-week Initial imaging was suggestive of localised myositis but a subsequent preclinical comparison to the left side (see images). The appearances were was thought to be consistent with myositis but an inflammatory malignancy was hard to explain their child's condition, and 18% of parents and could not properly assess their child, 22% were concerned that the said it saved money (44%). However, 78% felt that their consultant explained the persistent numbness. Mycophenolate mofetil was added was unable to fully weight bear. Repeat blood of the next appointment to be in-person, while 31% were amenable to was hard to explain their child's condition, 14% said it was hard to explain their child's condition, and 18% of parents and 22% of CYP disliked telemedicine. Overall, 61% said they would prefer to future service provision.

The majority of respondents reported telemedicine appointments had saved them time (68%), and many said it enabled them to have an appointment (63%) and made the appointment safer (59%), and many said it saved money (44%). However, 78% felt that their consultant could not properly assess their child, 22% were concerned that the doctor could not identify changes in their child’s condition, 14% said it was hard to explain their child’s condition, and 18% of parents and 22% of CYP disliked telemedicine. Overall, 61% said they would prefer the next appointment to be in-person, while 31% were amenable to some combination of in-person and virtual care.

Conclusion
There are advantages to telemedicine, notably saving time and making appointments accessible, and overall parents reported satisfaction with remote appointments. However, parents continue to report the value of in-person appointments.

| Aspect                          | Mean (95% CI) |
|--------------------------------|--------------|
| Easy to schedule               | 4.33 (4.14, 4.52) * |
| On time                        | 4.07 (3.85, 4.28) * |
| Enough time with doctor        | 4.24 (4.02, 4.45) * |
| As good as in-person visit     | 2.66 (2.42, 2.90) ** |
| Easier to see doctor           | 3.51 (3.25, 3.77) * |
| Easy to sign-in                | 4.25 (4.06, 4.43) * |
| Quality of video               | 3.87 (3.66, 4.07) * |
| Quality of sound               | 3.84 (3.75, 4.14) * |
| Able to speak freely           | 4.05 (3.85, 4.24) * |
| Able to understand doctor      | 4.09 (3.90, 4.28) * |
| Quality of care provided       | 3.78 (3.56, 4.00) * |
| Overall telemedicine experience | 3.78 (3.57, 3.99) * |

*Positive score (p<.05). **Negative score (p<.05).
Disclosure
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