ataxia, nystagmus and bulbar weakness with absent gag reflex. The patient subsequently suffered respiratory arrest and was intubated. CT head was normal and lumbar puncture revealed CSF lymphocytosis with a mildly raised protein. Initial treatment included acyclovir and methylprednisolone. MRI head showed bilateral nodular ring enhancing lesions in the brainstem. The diagnosis of *Listeria monocytogenes* rhombencephalitis was made following positive blood cultures. Slow recovery began after initiation of amoxicillin. This case highlights key learning points. *Listeria* rhombencephalitis is a reversible cause of an evolving brainstem syndrome in immunocompetent patients, which when inadequately treated is associated with a high mortality rate. Diagnostic difficulty arises because initial CSF can be near normal and blood and CSF cultures are negative in 40% and 60% of cases respectively. This is an important differential diagnosis not to miss and empirical treatment with antibiotics in a patient with an evolving brainstem syndrome is recommended.

114

LISTERIA RHOMBENCEPHALITIS—AN EVOLVING BRAINSTEM SYNDROME

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A 59-year-old man presented with gradual onset left sided facial numbness and vomiting. Over the following 7 days he developed stepwise brainstem deficits including left sided facial weakness,