discharge. Only 28% have access to a psychologist. In-hospital stroke alerts (p=0.014), access to thrombectomy (p=0.016), access to stroke unit care (p=0.027), and routine referral to stroke foundation (p=0.049) were more common in urban areas.

Conclusion The results of this organisational survey indicates that stroke care provision has improved since the last audit in 2009, but important gaps remain. These results will help services focus on specific areas for improvement, some of which such as pre-hospital alerts should be relatively easy to address.

### SILENT MULTILEVEL VERTEBRAL FRACTURES IN A SEVERE CASE OF GLYCINE RECEPTOR ANTIBODY-POSITIVE PROGRESSIVE ENCEPHALOMYELITIS WITH RIGIDITY AND MYOCLONUS (PERM)

Myintzu Min*, Han Liu*, Paul Silberstein. Royal North Shore Hospital, Sydney, NSW, Australia

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Introduction Autoimmune encephalitides are a heterogeneous and potentially devastating group of disorders. Antibodies to glycine receptor (GlyR) are rare and increasingly reported in patients with progressive encephalomyelitis with rigidity and myoclonus (PERM). PERM patients develop early brainstem and autonomic dysfunction, and if untreated, can be fatal. We aim to discuss the complications and treatments in this PERM case and review the literature on management of PERM.

Methods We report a case of PERM currently undergoing treatment in our hospital.

Results Mr GT is a 46-year-old male who presented with a prodromal phase of altered sensation and acute cerebellar signs. He rapidly deteriorated with bulbar dysfunction and developed generalised muscle rigidity and hyperreflexia. Infective work-up, cerebrospinal fluid analysis, magnetic resonance imaging of brain and spine were initially normal. He was started on first line immunosuppressants for a clinical diagnosis of autoimmune encephalitis. Despite sedation in intensive care, generalised myoclonus and truncal extensor spasms were severe and presented on-going management difficulties. A computed tomography scan of his abdomen to exclude malignancy revealed incidental findings of vertebral fractures at multiple thoracic and lumbar levels. He was subsequently administered rituximab and demonstrated some signs of recovery. GlyR antibody positive results from Oxford University Hospital consequently confirmed his diagnosis.

Conclusion This is the fourth reported GlyR antibody-positive PERM case in Australia and the first description to our knowledge with intractable rigidity and myoclonus leading to vertebral fractures. Awareness and screening for this complication may assist in management of patients with PERM.

### HAEMORRHAGIC SPINAL CORD INFARCT – A RARE COMPLICATION OF SYMPATHOMIMETIC AMINE TOXICITY

Ellen L Wall*, Jerome A Leow, Jonathan Ho, Yun T Hwang. Central Coast Local Health District, Gosford, NSW, Australia

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Introduction Sympathomimetic amines are recreational substances, available illegally as amphetamine derivatives (eg., ‘ecstasy’ and ‘speed’). Ingestion can lead to significant medical complications such as hyperthermia, tachyarrhythmia, seizures and strokes, attributed to catecholamine surge and sympathetic overstimulation.

Method We report an unusual case of sympathomimetic amine ingestion manifesting as hypertension followed by acute onset flaccid paralysis of lower limbs bilaterally and T11 level anaesthesia in a 64 year old woman secondary to haemorrhagic cord infarct.

Results An MRI spine showed features compatible with spinal cord infarction from thoracic level 6/7 to conus associated