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.

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

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10.1136/jnnp-2019-anzan.92

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.

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A PRESENTATION RESEMBLING TRANSIENT GLOBAL AMNESIA WITH UNDERLYING TAKO-TSUBO CARDIOMYOPATHY AND MULTIFOCAL ISCHAEMIC STROKE (WITH RESTRICTED DIFFUSION IN THE LEFT MESIOTEMPORAL LOBE)

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10.1136/jnnp-2019-anzan.93

Introduction We present a case of a 65 year-old female with a presentation resembling transient global amnesia (TGA) with investigations revealing a Tako-tsubo cardiomyopathy and multifocal punctate areas of restricted diffusion consistent with ischaemic stroke.

Methods Single case report.

Results A 65 year-old female presented altered behaviour with anterograde amnesia consistent with an episode of TGA. There was no clearly identifiable stressor to provoke this episode. The TGA-like symptoms persistent for 12 hours before the patient made a full recovery.

During the presentation the patient complained of chest pain with elevated troponin. Cardiac investigation was notable for mild left ventricular dilation with mid- and apical hypokinesis on transthoracic echocardiogram and a normal coronary angiogram consistent with Tako-tsubo cardiomyopathy. Magnetic resonance imaging of the brain revealed multifocal infarcts including punctate foci of restricted diffusion within the left mesiotemporal lobe.

Conclusion This case is notable as it is rare to have a combined presentation with TGA-type symptoms with Tako-tsubo cardiomyopathy and multifocal ischaemia stroke.¹ This is the first clinical case presentation involving the aforementioned triad and mesiotemporal lobe restricted diffusion. We hypothesise that the Tako-tsubo cardiomyopathy acted as the triggering event and the mesiotemporal lobe involvement caused the TGA-like symptoms thereby accounting for the clinical presentation and investigation findings. As mesiotemporal/hippocampal restricted diffusion may be seen with transient global amnesia,² this case is of special interest mechanistically although we cannot exclude the alternative hypothesis that the episode of TGA resulted in the Tako-tsubo cardiomyopathy which subsequently caused the cardioembolic shower.

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

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10.1136/jnnp-2019-anzan.94

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