with cord haemorrhage. There was no evidence of vascular malformations on imaging and the screen for inflammatory myelitides was negative. A urine drug screen tested positive for sympathomimetic amines and the patient acknowledged ingesting a pill of 'unknown identity'.

Conclusion This case highlights a previously unreported complication of recreational sympathomimetics associated with significant patient morbidity. Unfortunately, this woman failed to make significant improvements during admission with ongoing severe motor and sensory deficits of her lower limbs.

108 ENDOVASCULAR CLOT RETRIEVAL BEYOND 24 HOURS FOR TOP OF THE CAROTID OCCLUSION

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10.1136/jnnp-2019-anzan.95

Introduction Sub-clinoid proximal occlusion is defined by internal carotid artery (ICA) occlusion with intact Circle of Willis flow. We hypothesise that such cases of large vessel occlusion provide collateral blood flow to preserve the ischaemic penumbra and may benefit from endovascular clot retrieval (ECR) beyond 24 hours.

Method We retrospectively searched the stroke database from 2018 at Calvary Hospital, Canberra, Australia for ECR cases performed beyond 24 hours from symptom onset.

Results Two patients were identified from the registry data.

64-year-old man awoke with left hemiparesis and was last seen well 9.5 hours prior. ECR for ICA occlusion was not initially performed due to rapidly improving National Institute of Health Stroke Scale (NIHSS) of three to zero. ECR was later performed at 38.5 hours for clinical deterioration. Stroke aetiology was atrial fibrillation. At 90-day NIHSS and modified Rankin Scale (mRS) were three.

75-year-old man awoke with left hemiparesis and was last seen well 10 hours prior. Baseline NIHSS was four. Off-label thrombolysis was administered based on salvageable penumbra on CTP, however ECR for ICA occlusion was not performed as neurointervention was unavailable. After 24 hours his NIHSS score improved to one but hemispheric hypoperfusion persisted on CTP. At 36 hours he underwent ECR with carotid stenting. Stroke aetiology was large-vessel atherosclerosis. At 90 days his NIHSS and mRS were zero.

Conclusion Acute sub-clinoid proximal carotid occlusion requires tissue viability assessment with imaging to guide decision of ECR beyond 24 hours and may be of benefit.

109 SEVERE DYSAUTONOMIA IN NMDAR ENCEPHALITIS

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10.1136/jnnp-2019-anzan.96

Introduction Anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis is one of the more common forms of autoimmune

encephalitis, predominantly affecting children and women of the child-bearing age. It is characterised by memory deficit, behavioural disturbance and seizures. Dysautonomia is recognised as a feature but rarely the first symptom of the condition.¹ Here we present a case of severe dysautonomia preceding the diagnosis of NMDAR encephalitis.

Methods We conducted a retrospective review of the admissions to the neurology ward at the Calvary Hospital, Canberra in 2018 to identify patients diagnosed with NMDAR encephalitis.

Results One patient was identified from the registry data. A 37-year-old woman presented with a week-long history of symptomatic orthostatic hypotension. Her supine systolic blood pressure was 110mmHg with a 46mmHg postural drop. Over the first week of hospitalisation, she became increasingly disoriented and erratic in behaviour with fluctuating levels of consciousness requiring intensive unit care. Her CSF demonstrated lymphocytic pleocytosis and NMDAR antibodies were detected in both CSF and serum. She was treated with IVIG, IV steroids and subsequently Rituximab. A pelvic teratoma was found and removed. Her symptomatology including dysautonomia improved substantially by the end of her six-week hospital admission. Her modified Rankin Scale was zero at three months.

Conclusion Autonomic dysfunction is not a common feature of autoimmune encephalitides. Our case highlighted the possibility that dysautonomia can be the initiating symptom of this disease entity. Physician awareness is important in the early recognition and treatment of this condition.

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110 THE BENEFITS OF A CLINICAL TRIAGE TOOL IN ACUTE STROKE

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10.1136/jnnp-2019-anzan.97

Introduction The advances in management of ischemic stroke and the extended treatment window have greatly increased the demand for acute stroke assessment. There is a need for fast and accurate triage both to identify candidates for acute stroke assessment and to minimize cost and time expended on unnecessary assessments and investigations.

We examined the potential benefit of a web-based triage tool designed to be used in the emergency department to identify patients suitable for hyperacute treatment based on the current standard of care.

Methods We performed a retrospective analysis of Electronic medical records of 235 patients, reviewed by the neurology team at Gosford Hospital for the consideration of hyperacute treatment over six months in 2017. Each patient's time of onset of symptoms, premorbid function and presenting deficit, as well as the type of treatment received, were collected. By entering those data to our new triage system, we estimated the number of clinical reviews and advanced imaging that could have been avoided.