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.

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

1Paul Kopanidis*, 1Shaun Zhai, 1Shivendra Laloo, 1^2Ronak Patel, 1,2Yash Gawarkar.
1Neurology, Calvary Public Hospital, Canberra, ACT, Australia; 2Radiology, The Canberra Hospital, Canberra, ACT, Australia; 2Medical School, Australian National University; Canberra, ACT, Australia

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 hemisphere 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.

SEVERE DYSAUTONOMIA IN NMDAR ENCEPHALITIS

1Alana Donaldson*, 1Abhay Venkat*, 1,2Shaun Zhai, 1,2Ronak Patel, 1,2Yash Gawarkar.
1Calvary Public Hospital Bruce, Canberra, ACT, Australia; 2Australian National University; Canberra, ACT, Australia

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. 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 disorientated 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.

**REFERENCE**

Results Out of the 235 patients that were reviewed, 71 patients either received thrombolysis and/or were sent for endovascular treatment, and 164 patients were not suitable for hyperacute treatment. Using the triage tool, we identified that 26% (n=61) of the rapid clinical assessment and 32% (n=42) of CT perfusion scans performed could have been avoided.

Conclusion Use of a web-based triage tool is not only effective to identify patients suitable for hyperacute management but also to avoid over-investigation and prioritize rapid neurological clinical assessments.

Introduction Headache is a common Neurology presentation in both outpatient and ED settings. We present a challenging headache in a previously asymptomatic young female patient. Case A 27 year old female patient presented to ED with severe headache, vomiting and photophobia, after multiple presentations elsewhere, diagnosed as migraine, with normal neurological examination and MRI. Episodes of exacerbating headache were associated with withering and vomiting but spontaneously resolved with residual background pain. Indomethacin helped but she re-presented with headache and psychosis requiring intubation and ICU admission.

Investigations included CSF - protein 0.85, leucocytosis 58 cells (lymphocytic) and normal cerebral venography. Aciylovir was commenced but viral PCRs were negative and she was exubitated. MRI was suspicious for subtle posterior sulcal hyperintensity and beading in occipital and posterior cerebral arteries.

Another episode occurred ten days later requiring intubation, examination showed papilloedema. CSF examination showed raised pressure, normal protein and 48 lymphocytes; flow cytometry and cytology were unrevealing. NMDA receptor antibody returned positive in serum but CSF lymphocytosis. The recurrent headaches and vessel beading suggest RCVS, perhaps triggered by viral or autoimmune encephalitis. The NMDA receptor antibody result should be interpreted with caution given the absence of antibody in CSF and dramatic recovery.

Objective To describe a case of suspected immune encephalitis following nivolumab for metastatic melanoma.

REFERENCE