**Conclusion** Thrombolysis rates in New Zealand continue to rise and now surpass the more recent 10% Ministry of Health target. The continued reduction in door-to-needle time is also an indication of continued service improvement resulting in better patient outcome. However, there are still to be opportunities for improvement.

**Method** Following ECR, our patient was admitted to the intensive care unit for continuous blood pressure monitoring and close observation of his neurological deficits with serial NIHSS (National Institutes of Health Stroke Scale) scoring. Systolic blood pressures were maintained between 140–160 mmHg using vasopressor support, with the aim of allowing time for recovery of vascular autoregulation and collateralization.

**Results** Over six days, the patient developed moderate upper and lower limb weakness. An MRI performed on Day 5 revealed limited interval infarction of the right hemipons and cerebellum, with complete re-occlusion of the mid-basilar arterial segment. He left the ICU with a NIHSS score of 7, and was living independently at 90-day follow-up (Modified Rankin Score 1).

**Conclusion** The ultimately favourable net outcome for our patient clearly illustrates the imperative to remain within the boundaries of evidence-based practice in this bold and rapidly evolving discipline.
SILENT MULTILEVEL VERTEBRAL FRACTURES IN A SEVERE CASE OF GLYCINE RECEPTOR ANTIBODY-POSITIVE PROGRESSIVE ENCEPHALOMYELITIS WITH RIGIDITY AND MYOCLONUS (PERM)

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Introduction Autoimmune encephalitides are a heterogenous 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 the brain revealed multifocal 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.

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