Conclusions Anti-NMDA receptor encephalitis is a distinct disorder characterised by the predictable sequential development of symptoms; prodromal symptoms are initially noted, followed by prominent psychiatric symptoms, seizures, an unresponsive/catatonic state, hypoventilation, and involuntary orofacial-limb movements. This disorder usually affects young women with ovarian teratoma but may also affect women of any age or even men.

We report the case of a 32 year old primigravid woman who developed psychosis with associated catatonia and autonomic dysfunction at 8 weeks gestation. Cranial imaging in the form of CT and MRI was normal. EEG showed slow waves and anti-NMDA receptor encephalitis was suspected. This was confirmed by the finding of serum anti-NMDA antibodies. Transvaginal Ultrasound and pelvic MRI suggested normal ovaries. She required admission to the High Dependency Unit for several weeks but eventually responded to plasma exchange, steroids, azathioprine, Intravenous immunoglobulin and antipsychotics.

She had an Emergency LSCS at 32 weeks gestation for PPROM and delivered a healthy male infant. A mature cystic teratoma was found at caesarean section which was excised.

Although being rare in pregnancy, anti NMDA encephalitis can respond to aggressive treatment and can be associated with good maternal and fetal outcomes. An awareness of this ‘new disease’ (first described in 2005) can lead to an occasional but dramatic surgical treatment of a psychotic illness.

**Abstracts**

**PM.98** SYphilis serology in pregnant women over a period of 7 years (2005–2011) in a large maternity hospital in Dublin, Ireland

doi:10.1136/archdischild-2013-303966.180

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Nearly 1.5 million pregnant women are infected with probable active syphilis each year, and approximately half of infected pregnant women who are untreated, will experience adverse outcomes due to syphilis, such as early fetal loss and stillbirth, neonatal death, low-birth-weight infants, and infants with clinical evidence of infection. Data for all patients with positive treponemal serology at booking visit from 2005 to 2011 was gathered.

Between 2005 and 2011, 179/64349 women had positive syphilis serology representing 0.28% of the patient population. These women were between the age of 19 and 41 with a higher prevalence among women of East European origin. In the 7 year period, 1 case of congenital syphilis was recorded. This patient was a DCDA twin pregnancy who booked late at 22 weeks and delivered prematurely at 23 weeks. Hence, syphilis treatment was not commenced.

This study highlights the continued prevalence of positive syphilis serology in our pregnant population. Our combined obstetric and infectious disease clinic optimises opportunities for appropriate treatment and follow-up. Contact tracing and screening for other sexually transmitted infections are also vital components of this service.

In the current economic climate, with continued emphasis on provision of cost-effective healthcare it is important to justify the cost of screening 67921 women to identify 179 cases. Untreated syphilis has a range of antenatal and paediatric sequelae and thus we recommend that screening for syphilis continues, particularly considering frequent migration of women from Eastern Europe to this country.

**PM.100** A rare case of anti-NMDA receptor encephalitis in pregnancy

doi:10.1136/archdischild-2013-303966.181

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