Abstract

Autoimmune encephalitis is an antibody associated encephalitis, which can be broadly categorized into paraneoplastic central nervous system(CNS) syndromes and cell surface antibody CNS syndromes. Encephalomyelitis, limbic encephalitis and brainstem encephalitis are the paraneoplastic syndromes where as N-methyl-D-aspartate (NMDA) receptor antibody encephalitis belong to cell surface antibody CNS syndromes. NMDA receptor encephalitis is common among females and 50% can be associated with an ovarian teratoma. The disease has a characteristic set of neurological deficits and prominent psychiatric manifestations. Due to the prominent psychiatric manifestations patients are commonly seen by the psychiatrists in the early phase of the illness. Patients with NMDA receptor encephalitis respond well to immunotherapy.

This 24 year old previously healthy female presented with 4 weeks long history of low grade intermittent fever, marked change in behavior, reduced speech, visual hallucinations and orofacial dyskinesia. She made an uneventful recovery due to timely diagnosis and aggressive immune suppression. Her cerebrospinal fluid (CSF) was positive for NMDA receptor antibodies, and she showed a marked response to Intravenous(IV) methylprednisolone pulses and IV immunoglobulin therapy. She did not have ovarian teratoma or other kind of germ cell

tumours. This case highlights the importance of increasing awareness of autoimmune encephalitis and its typical phases of symptomatology in order to prevent these patients being diagnosed as having psychiatric disorders. Timely action can lead to a good clinical outcome.