Abstract

Introduction

Myelin oligodendrocyte glycoprotein (MOG)- associated disease (MOGAD) is a rare, immune mediated inflammatory demyelinating disorder of the central nervous system which has gained recognition in the recent past with the discovery of various distinct phenotypes. FLAIR-hyperintense lesions in anti-MOG antibody-associated encephalitis with seizures (FLAMES) is such a clinico-radiological entity, with only a few cases that have been reported worldwide.

Case presentation

A 21-year-old previously well man presented with a history of recurrent episodes of transient jerky movements of his right upper limb and multiple bouts of short-lasting speech arrests of one month duration. He did not experience fever, headache or constitutional symptoms. Magnetic resonance imaging demonstrated bilateral focal hyperintensities in T2-weighted fluid attenuated inversion recovery (FLAIR) in the supra and infratentorial regions, with normal electroencephalogram. Subsequently his serum analysis revealed the presence of anti-myelin oligodendrocyte glycoprotein (MOG) antibodies. He was initially treated with intravenous methylprednisolone with the addition of anti-epileptic therapy. However, due to the poor response to therapy, he was commenced on five cycles of plasma exchange. There was appreciable improvement observed with complete resolution of symptoms at 6 weeks.

Conclusion

FLAMES is a distinct entity where patients typically manifest with features suggestive of encephalitis and seizures in the presence of MOG antibody. Although our patient had an atypical presentation he fulfilled the diagnostic criteria for FLAMES. Thus, our case report highlights the rapidly evolving nature of this disease spectrum and the importance for a high index of clinical suspicion.