

Abstract

Encephalitis (inflammation of the brain parenchyma) is a common medical emergency. Anti-N-methyl-D-aspartate (NMDA) receptor antibody (anti-NMDAR Ab)-mediated encephalitis is an autoimmune, neuro-inflammatory disorder resulting from the production of antibodies against NMDARs in the central nervous system, which results in neurological or psychiatric dysfunction. This condition is being increasingly encountered and frequently misdiagnosed or undiagnosed due to its vague clinical features and overlap with other common disorders. This is a potentially reversible condition and should be suspected if young patients present with psychiatric, movement, and sensory symptoms. Diagnostic delay or incorrect diagnosis can result in severe morbidity and even mortality. We present a case of a 24-year-old female who presented with sub-acute onset, progressively worsening, altered mental status, and abnormal involuntary movements. The presentation and symptoms of our patient led to a wide range of differential diagnoses, and a high index of suspicion is therefore needed in order to obtain a better outcome. Autoimmune encephalitis diagnoses can be broken down into possible, probable, and definitive diagnoses based on antibody test results. Since the etiology is autoimmune in nature, immunotherapy is at the center of medical management.