**Abstract**

Autoimmune encephalitis is a group of diseases mediated by antibodies against neuronal cell surface or synaptic antigens, such as ion channels or neurotransmitter receptors. This recently described clinical entity and its associated antibodies are still being characterized over the last two decades. It may present with a variety of clinical features, including neuropsychiatric manifestations, cognitive dysfunction, seizures, movement and sleep disorders, and autonomic dysfunction. Timely diagnosis and management are important as it is potentially treatable. Here we discuss a report of a young woman who presented with fever, seizures and altered consciousness with lymphocytic pleocytosis in CSF and normal MRI brain imaging. She was treated for a presumptive diagnosis of meningoencephalitis but failed to response to empirical antimicrobials. She developed orofacial dyskinesias while in hospital and subsequent testing for anti-NMDAR antibodies in CSF was positive, confirming a diagnosis of anti-NMDAR antibody encephalitis. Treatment with high dose intravenous steroids, intravenous immunoglobulin and plasma exchange led to good recovery. She was fully independent after six weeks of rehabilitation.