

Summery

41 years old previously healthy mother of two daughters presenting with change in behaviour, cognitive decline and focal seizures for five days duration associated with choreoathetoid and dyskinesic movements, speech difficulty and reduced appetite. There was no history of fever, photophobia or loss of weight, loss of appetite or features of autoimmune causes such as skin rashes, hair loss, oral ulcers and joint pain in the history. Examination revealed an oriented but slightly agitated female with abnormal facial and upper limb dyskinesic movements. There was no neck stiffness or other focal neurological signs. Respiratory, abdominal, cardiovascular and breast examination was unremarkable. There were no skin rashes. She was afebrile and haemodynamically stable. Following few hours of admission patient markedly deteriorated developing status epilepticus and hypoventilation upon which she was intubated and transferred to ICU. Initial biochemical investigations, CSF analysis, EEG and imaging studies pointed towards a diagnosis of autoimmune encephalitis. With the agreement of a MDT the Patient was commenced on immunosuppressive therapy, Plasmapheresis and anti-seizure medication with basic supportive care and monitoring. She responded satisfactorily to treatment with an eventual discharge following commencement of long-term immunosuppressive treatment, clinic follow up and establishing a rehabilitation plan.