

## **Abstract**

17-year-old previously healthy girl with a poor social background, presented with altered behavior for 1-week duration along with one day history of high-grade fever with chills. She had no headache, seizures, vision abnormalities, limb weakness, urinary or fecal incontinence or history of head injury. There was no personal or family history of previous psychiatric disorders. She was on olanzapine and fluoxetine for 5 days which was prescribed by a psychiatrist. After admission she developed aggressive behavior, restlessness, auditory and visual hallucinations and autonomic disturbances with persistent tachycardia and fluctuating blood pressure. Inflammatory markers were raised, and CSF revealed lymphocytic pleocytosis with modest protein elevation. She did not improve with empirical antibiotics and antiviral therapy and developed automatism with focal seizures. Later she was found to have MRI signal abnormalities over medial temporal lobes and positive NMDR receptor antibodies in CSF. She was successfully treated with immunosuppressants and made a full recovery after being in ICU for several weeks.