

Abstract

Paraneoplastic syndrome is a group of disorders, occur due to altered immune system attacks own body, triggered by malignancy. It also can be occurring due to substance that secrete by tumour cells. These symptoms usually associated with malignancies of lung, breast and ovary and lymphoma. Limbic encephalitis is one of the recognized paraneoplastic manifestation.

Our patient 60 year old female with the history of breast carcinoma, presented with subacute onset of altered level of consciousness and seizures for one week. On examination her Glasgow Coma Scale (GCS) was 6/15 and she had right side hard 2*2 cm mobile breast lump without axillary lymph nodes. While in the ward she developed orofacial dyskinetic movements. Basic blood investigations did not reveal any abnormality. CSF (cerebrospinal fluid) report and Magnetic resonance Imaging of brain was normal. Computed Tomography chest and abdomen revealed tumour recurrent with vertebral metastasis. Electroencephalogram (EEG) show slowing of background alpha rhythm and bilateral intermittent polymorphic delta slowing noted in which could be due to focal encephalitis of the Right side hemisphere with secondary effects (oedema). We exclude other possible causes for this presentation. Acute encephalitis is the most possible diagnosis. Infections, autoimmune and paraneoplastic are the causes of encephalitis. We exclude common viruses that cause encephalitis. Patients with background of breast carcinoma paraneoplastic syndrome (Limbic encephalitis) is the most possible diagnosis. Unfortunately, we couldn't perform antibody due to patient's financial status.

Clinically we diagnosed limbic encephalitis to our patient who is presented with subacute onset of altered level of consciousness and seizure after exclude of all other possible causes.

She was treated with Immunoglobulin 14g (0.4g/kg) IV daily for 5 days, with that her GCS was improved. Oncological team recommended of palliative care.