

Abstract

N-methyl-D-aspartate receptor (NMDAR) encephalitis is the commonest form of autoimmune encephalitis (AIE) affecting central nervous system. Its predilection to young females and association with ovarian teratoma are well known. Seizures, memory deficits and psychiatric manifestations are some common presentations although it can be associated with autonomic instability.

We present a young female from Sri Lanka with a history of excision of an ovarian teratoma 10 years ago presenting with a viral prodrome followed up with a status epilepticus. She was electively intubated and during ICU stay, developed unresolving pyrexia and transient supraventricular tachycardia. Her electroencephalogram revealed an extreme delta brush while MRI brain demonstrated T2 hyper intensities in hippocampus and basal ganglia. Her cerebrospinal fluid as well as serum was negative for NMDAR antibodies. She was managed as NMDAR encephalitis with three 1st line immune modulatory agents including corticosteroids, immunoglobulin and therapeutic plasma exchange following which patient had a dramatic recovery.

NMDAR encephalitis is often missed during initial stage of an encephalitic illness due to its versatility in the mode of presentation. Its association with ovarian teratoma as well as dysautonomia has to be taken into consideration although there is no consensus regarding diagnostic criteria. Delay in diagnosis and initiation of immunotherapy will add on to morbidity and mortality while early commencement of definitive therapy may dramatically shorten the disease duration.