ABSTRACT

Introduction: Hashimoto encephalopathy is a rare disorder of autoimmune etiology associated with thyroid disease which is typically responsive to steroids. Encephalopathy with seizures, myoclonus and stroke like episodes is the classic presentation. However clinical manifestations may mimic many other neurological disorders including but not limited to, viral, metabolic, autoimmune and limbic encephalitis, Creutzfeldt-Jakob disease (CJD) and subacute sclerosing panencephalitis (SSPE).

Case: 62 year old female presented with 2 weeks of progressively altered mood, confusion and myoclonus. She was found to have apathetic hyperthyroidism and was treated as for viral encephalitis. After partial recovery, her symptoms remerged in 6 weeks. Metabolic, infectious, paraneoplastic and autoimmune encephalitis were excluded. A diagnosis of Hashimoto encephalopathy was made based on positive anti thyroperoxidase (TPO) antibodies, elevated cerebrospinal fluid protein and good response to high dose corticosteroids.

Conclusion: Hashimoto encephalopathy should be considered in patients presenting with rapidly progressive neuropsychiatric symptoms irrespective of their thyroid status. Prompt treatment with steroids leads to rapid recovery.