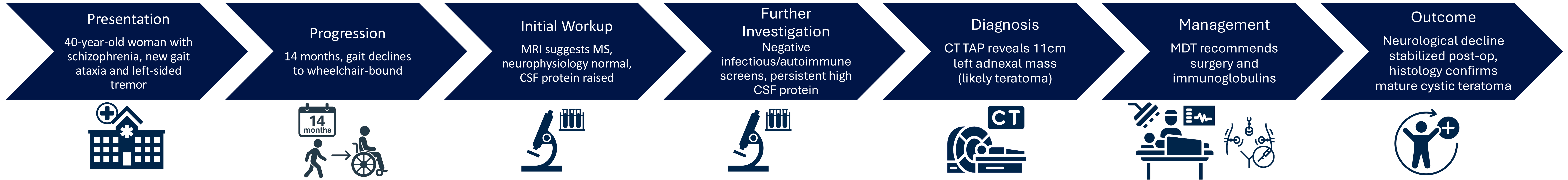


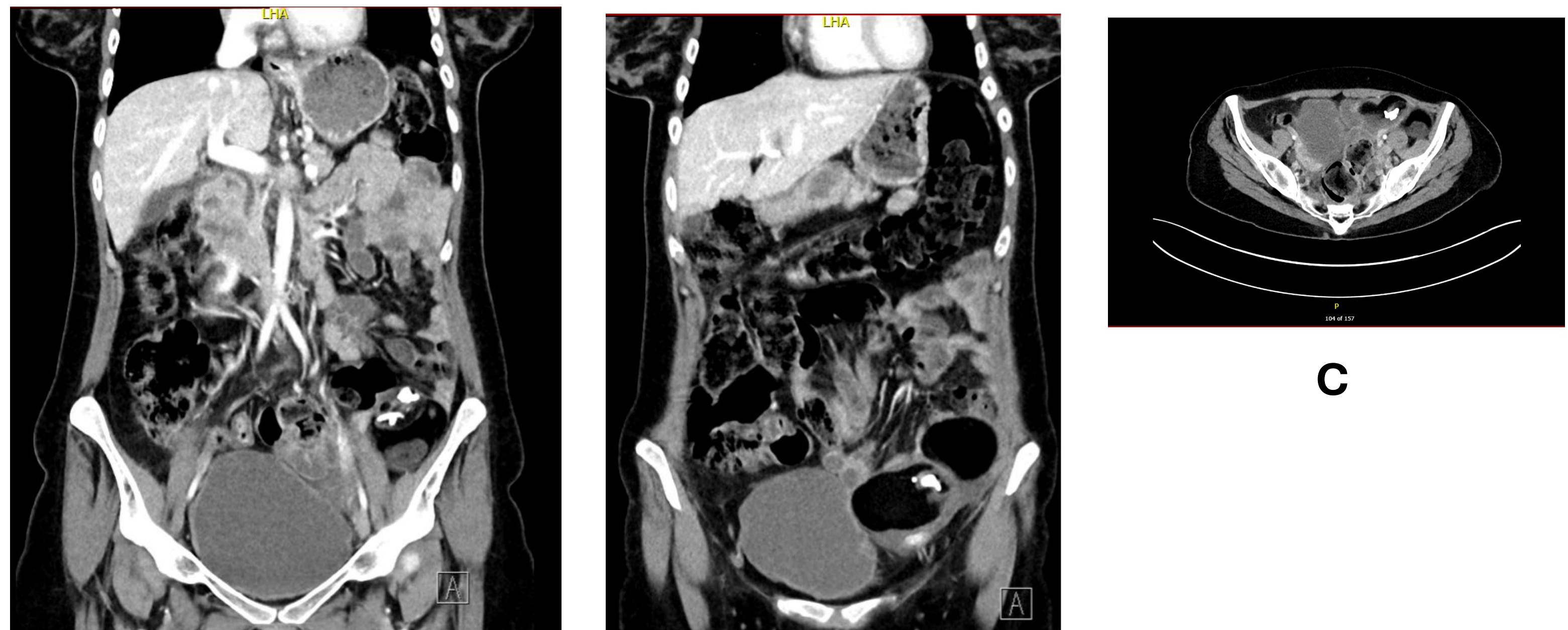
Key Patient Journey - Timeline Infographic



Objectives

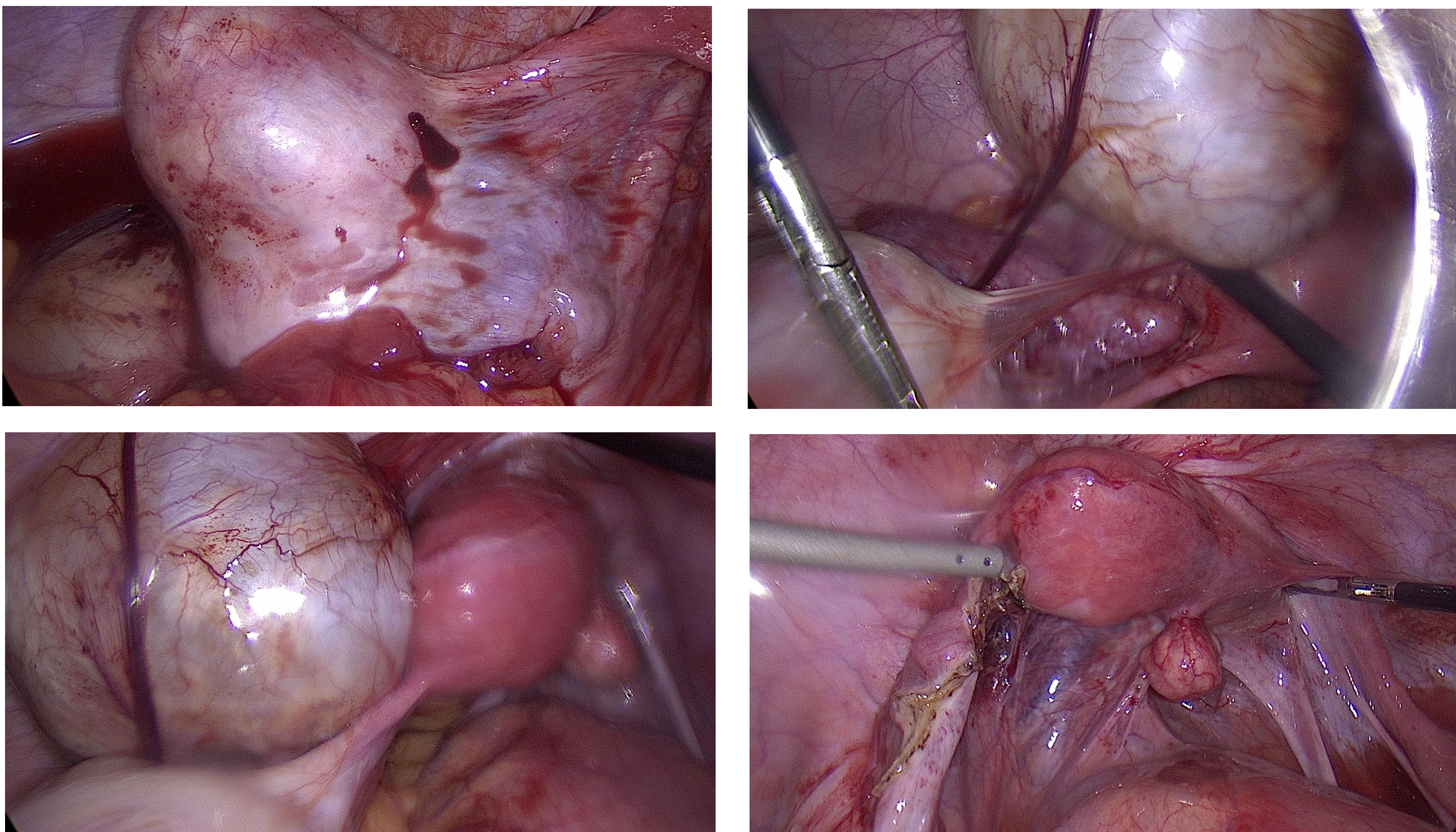
Raise awareness of ovarian teratomas as a hidden cause of neurological decline.
Demystify diagnostic challenges in paraneoplastic syndromes (PNS).
Advocate for early suspicion to prevent irreversible neurological damage.

Images



Coronal (A,B) & Axial plane (C) CT showing 11cm bilobed left adnexal mass, likely a teratoma

Surgical Intervention: Laparoscopic salpingo-oophorectomy



Post Operative Course

Stable: No further clinical deterioration
Histology : Mature cystic teratoma teratoma with hair, teeth and sebaceous material.
Paraneoplastic syndrome (PNS) antibodies tested were all negative:
NMDAR, GAD, IgA anti tTG Ab | Anti Hu, Anti Yo, Anti Ri, Anti Ma2/Ta, Anti CV2, Anti Amphiphysin, VGCC | Glycine rec, Serum MOG.

Why this matters?



Diagnostic Pitfalls & Key Takeaways

- 80% of PNS cases lack classic antibodies.
 - 60% of anti-NMDAR encephalitis linked to ovarian teratomas.
- Despite negative standard PNS antibody tests, **clinical stabilisation/improvement after tumor removal supports the diagnosis.**
Delays = Possible worsening neurological decline
This case underscores the need for:

- Greater **inter-specialty collaboration**
- Awareness of rare PNS presentations**
- Improved access** to diagnostics and appointments
- Further research** into the expanding field of autoimmune neurological disorders

