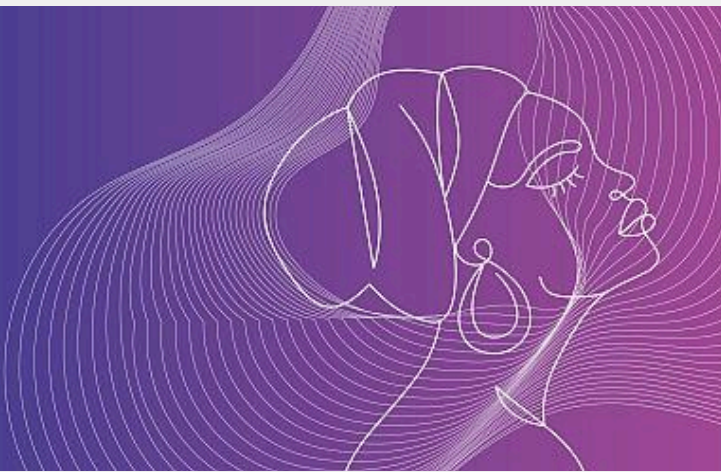


Anti NMDA Encephalitis With Ovarian Teratoma

Sarah Taha, Warda Maqsood, Aya Eltom, Samina Gul, Eddie O'Donnell
University Hospital Waterford



Case

31 years old lady developed personality and behavioral changes for **10 days** followed by **delusions** along with **auditory and visual hallucinations**

Subsequently, she had **tonic clonic seizures, agitation and confusion**

All her symptoms were **preceded by a mild sore throat**, rest of the history was unremarkable

Investigations

Initial investigations were **unremarkable** including **MRI brain and lumbar puncture**

Repeat MRI brain was normal and **CSF** showed **anti NMDA antibodies**, hence autoimmune encephalitis was diagnosed

EEG findings implied **focal encephalopathy** in the right hemisphere, changes were suggestive of **HSV or autoimmune encephalitis**

She underwent pelvic MRI and CT thorax, abdomen, pelvis to look for evidence of malignancy or teratoma

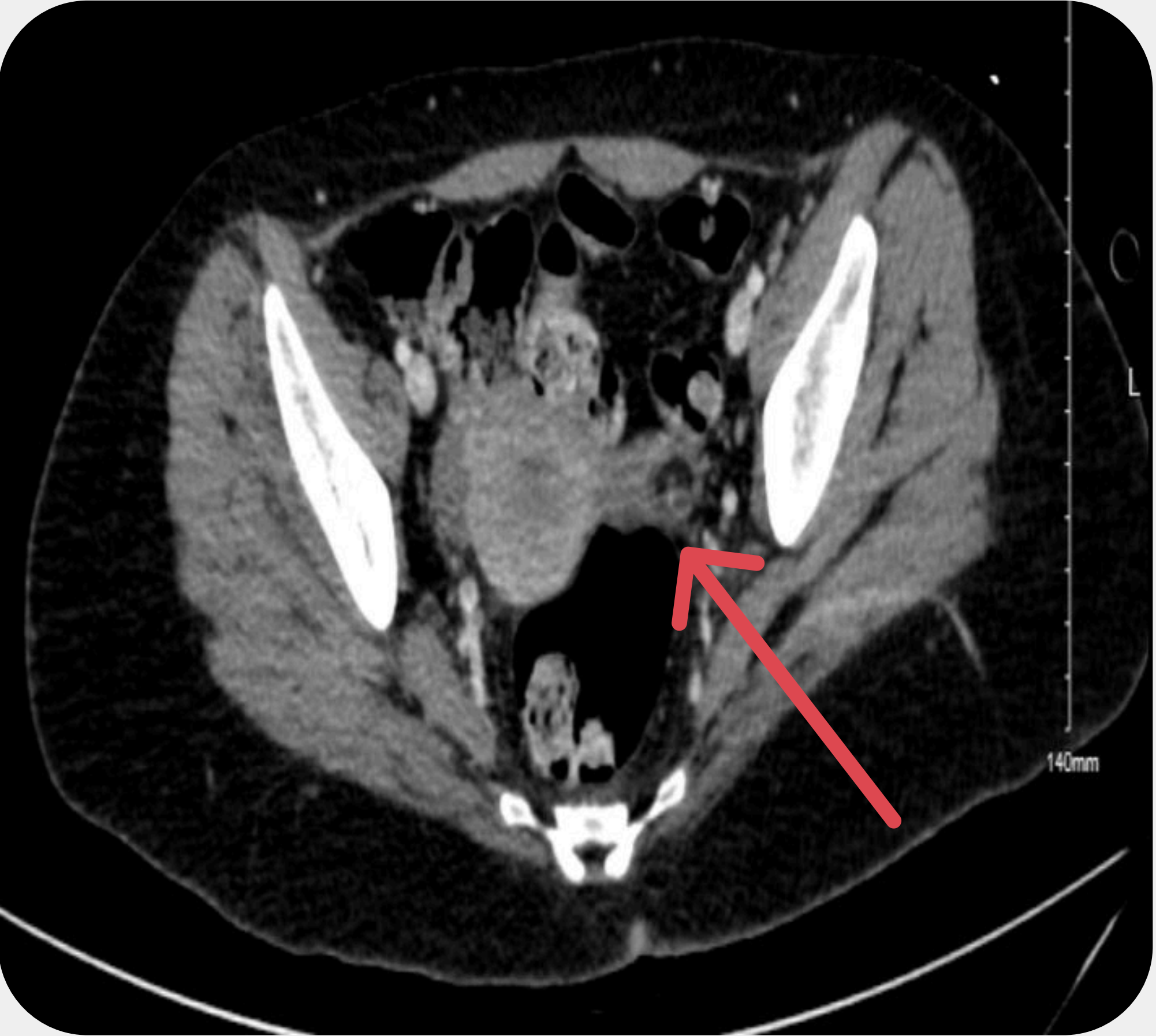
Management

Patient was admitted in **HDU** where she received **sedation, anticonvulsants and immunotherapy (IVIG)** but did not respond well

After an **emergency oophorectomy** with second line **immunotherapy with Rituximab**, her condition improved significantly. She started to return to a normal conscious state & was able to talk and maintain her daily activity with assistance

She was **deemed fit for discharge** by neurology, physiotherapy, occupational therapy and dieticians a month later. She had a smooth recovery and did not require rehabilitation

CT Scan



It reported a fat containing **left adnexal lesion** measuring **1.1 cm**, most in keeping with an underlying **teratoma/dermoid lesion**

Key Learning Points

Presentation could be very tricky and could be **easily misdiagnosed** as a psychiatric illnesses in the beginning as **77% of patients present first with psychiatric symptoms**

Although initially described in **association with ovarian teratomas**, it has been reported in individuals without paraneoplastic association, as well as in males, with a **female: male ratio of 8:2**

Diagnosis is more sensitive and specific when **antibodies** are detected in **CSF**

Management requires **multi-disciplinary** measures, an important part of which is **early surgical excision** of the teratoma