

THERAPEUTIC OPTIONS IN ANTI-NMDA RECEPTOR ENCEPHALITIS

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BACKGROUND

Despite the expanding knowledge base, much remains to be understood about effective treatments to treat the many symptoms of anti-NMDA receptor encephalitis (anti-NMDA RE).

PURPOSE

Describe treatment options for a case of refractory status epilepticus associated with non paraneoplastic anti-NMDA RE.

MATERIAL AND METHODS

Revised drug-treatment history of the patient.

RESULTS

A 22 year old woman with a family history of epilepsy and an arteriovenous malformation (AVM) of the brain, presented a generalized tonic-clonic without clear focal onset and post-critical confusion. She was in non-convulsive status epilepticus.

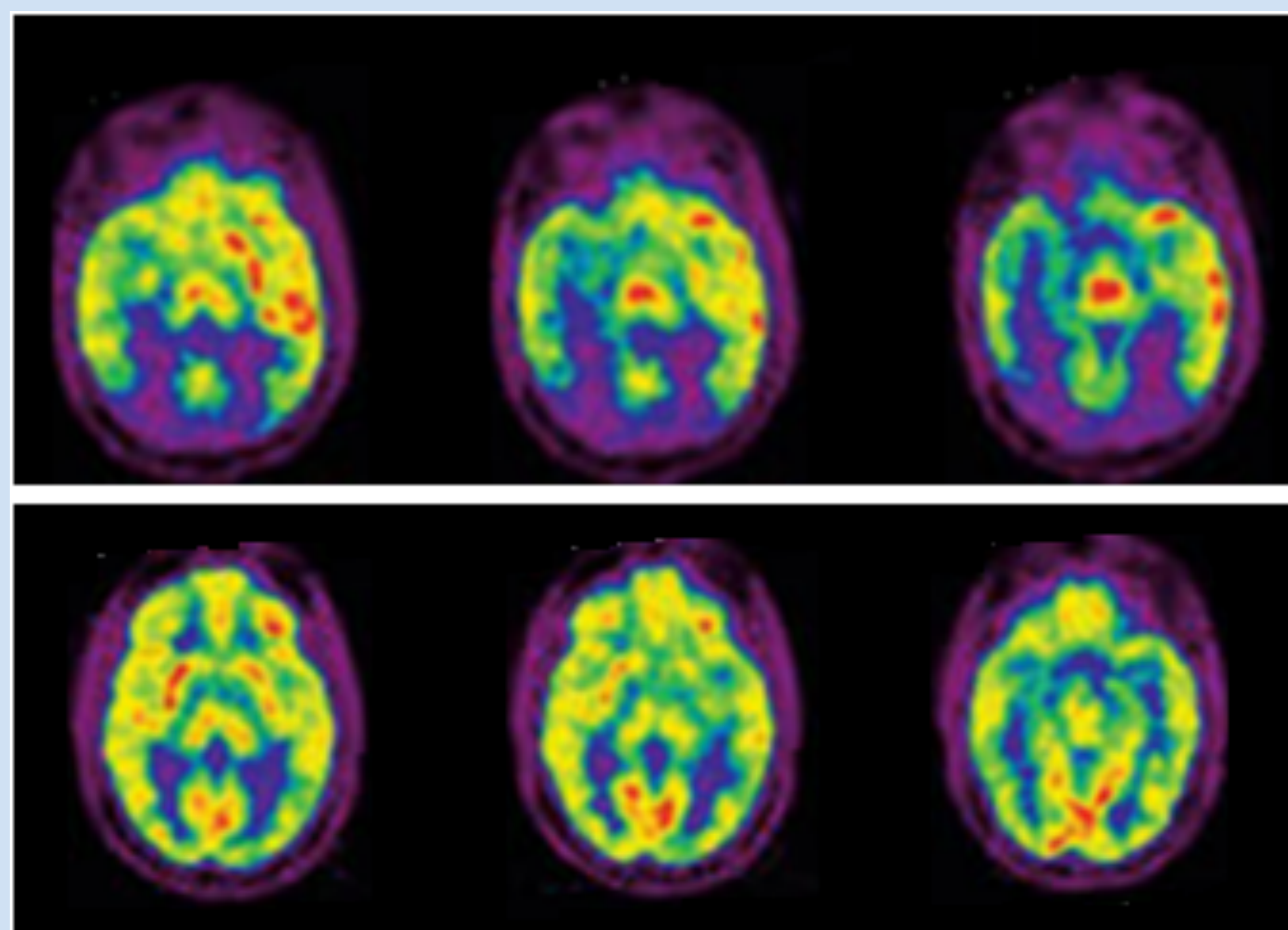
Treatment was initiated with various intravenous drugs during the 50 days of the status: diazepam, phenytoin, valproic acid, levetiracetam, clonazepam, midazolam, propofol, lacosamide, ketamine, and lidocaine.

It was decided to proceed with induction of barbiturate coma three times, requiring suprathreshold doses in the second one. Oxcarbazepine was administered via feeding tube.

Thirty days after admission, it was decided to repeat computed tomography for development of AVM and reanalyzing of the cerebrospinal fluid was positive for anti-NMDA. Treatment was initiated with methylprednisolone and immunoglobulins.

She continued with clinical status, but electrical brain activity began to fade at the same time that the patient was starting to tolerate enteral nutrition and so oxcarbazepine possibly began to be absorbed.

After discontinuing sedation the patient awoke and opened her eyes. Electroencephalogram was repeated and epileptiform activity had disappeared completely.



CONCLUSIONS

Whereas the best treatment approach for anti-NMDA RE encompasses a combination of immunotherapy, intensive care, and rehabilitation, there is a dearth of information regarding management of psychiatric and behavioral symptoms (1). The possibility of resolving the status by oxcarbazepine gavage, opens a window into the use of drugs by this route in the event of failure of standard therapy.

1. Sansing LH, Tüzün E, Ko MW, Baccon J, Lynch DR, Dalmau J. A patient with encephalitis associated with NMDA receptor antibodies. *Nat Clin Pract Neurol.* 2007May;3(5):291–6.