A CASE REPORT OF AUTOIMMUNE ENCEPHALITIS: ATYPICAL ONSET AND THERAPEUTIC CHALLENGE

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A 58 Years old woman, with aphasia and emiplegia due to previous bleeding of intracranic aneurisma, was hospitalized for pneumonia. She presented behavioural modification, increased verbal production, involuntary movements and generalized seizure, treated as epileptic status and then with oxcarbazepine. After 1 month of health she was again admitted for a relapse: she took CT scan (normal) and EEG (diffuse slowing activity). Thyroid hormones, self autoimmunity Ab, Ab against Borrelia, serum tumoral markers, neuronal Ab were negative. CSF tests, VDRL, and PCR for neurotropic virus unremarkable. Considering it as autoimmune encephalitis we treated with methylprednisolone ev with clinical and EEG improvement and then oral tapering for 5 months. At the end of it she had a new relapse, treated with ev steroids and then azathioprine 150 mg/day, but after 3 months it was stopped for a severe pancitopenia. She suddenly experienced a relapse: she showed poor response to steroid so we tried cyclophosphamide 50 mg/day with improve but early severe anemia of unknown origin that requested blood trasfusion and drug suspension. We started mofetil mycophenole as steroid sparing agents but it had to be stopped after 2 months for severe platlet count reduction, followed by relapse again. During this hospitalization she finally died for sepsis. It`s hard to classify this case in Flanagan`s type of autoimmune encephalitis beacuse it has atypical symptoms, lacks tumoral markers or neuronal Ab and has high relapse-rate. Furthermore it triggers a therapeutic challenge: last chance could have been just rituximab or plasmapheresis.