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A RARE CASE OF ANTI NMDA RECEPTOR ENCEPHALITIS IN ELDERLY PATIENT.

Medicine

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ABSTRACT

Anti NMDA Receptors Encephalitis is an important treatable cause of encephalitis, which remains unrecognized in elderly people. It is an immune mediated syndrome which present with variety of neurological symptoms, including Headache, fever, behavioral disturbance, psychiatric, memory and cognitive deficits. The prognosis is good with early diagnosis and treatment. The most case reports to date are of young adult, it is much less frequently reported in older adults. We present a case of NMDA Encephalitis in an elderly patient who respond well to immunosuppressive therapy.

KEYWORDS

INTRODUCTION:

N-Methyl-d-aspartate receptors (NMDAR) antibody encephalitis is a potential fatal autoimmune syndrome in which there is antibody production against the NMDAR causting profound dysregulation of neurotransmission.

Most patient with anti-NMDA Encephalitis develop a multistage illness that progress from psychosis, memory deficits, seizures and language disintegration into a stage of unresponsiveness with catatonic features often associated with abnormal movements and autoimmune and breathing in stability.

This disorder predominantly affects children and young adults, occurs with or without tumor association and responds to treatment but can relapse.

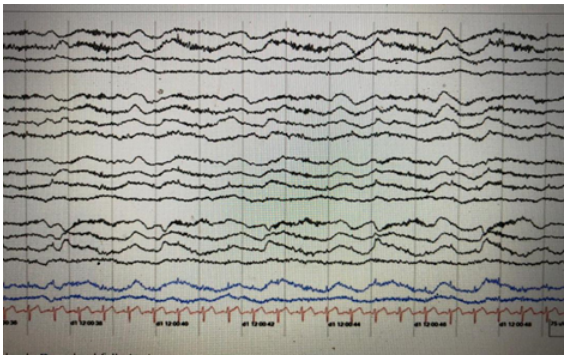
CASE REPORT:

64yrs old male with previous history of old CVA with Right MCA territory infarct presented with complains of 3 episodes of complex partial seizures with periodical movements of 1 month apart in-between the episodes, patient was able to carry out his routine daily work without any difficulty. Following his third episode of seizure, he developed behavioural abnormalities in form of anger,outburst, decreased speech output and decreased motor activity. He was confined and was admitted in ICU.

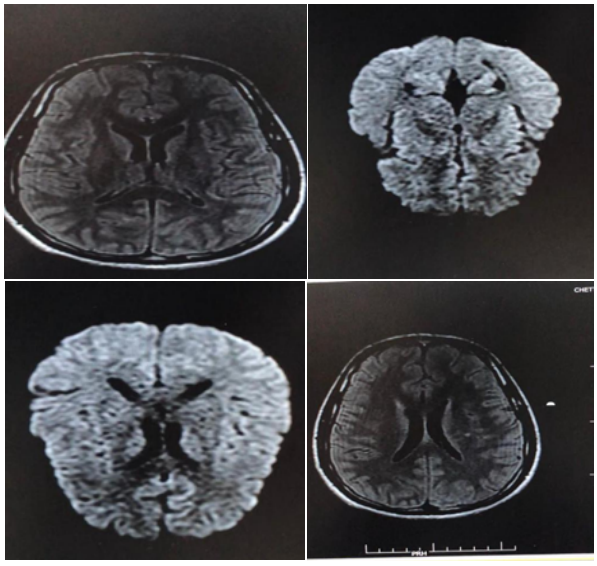
On examination, patient was conscious, not making any meaningful eye contact with no vocalization. He had increased tone in all 4 limbs with exaggerated deep tendon reflexes with extensor plantar.

Investigation revealed normal thyroid profile, Negative foe Wilson's disease, CSF study and HSVDLR was negative along with other viral etiologies.

Serum NMDA Receptors was positive, EEG was done which shows Extreme delta burst (High voltage Beta activity superimposed) maximum delta activity on frontal lobe.



Vasculitis profile turned to be negative, CT abdomen was normal, MRI Brain shows chronic lacunar infarct with SVD.



Patient was treated with IV Methyl prednisolone therapy and IVIG. Patient have improved and discharged.

DISCUSSION:

Diagnosis can be made when all there of following criteria have been met

1) Rapid onset (less than 3months) or at least 4 month of the following major group of symptoms.

a) Abnormal (psychiatric) behavioral cognitive dysfunction.
b) Speech dysfunction (pressured speech, verbal reduction, Mutism)
c) Seizures
d) Movement disorders, dyskinesia or rigidity / abnormal postures
e) Decreased level of consciousness
f) Autonomic dysfunction or central hypoventilation.

2) Atleast one of the following laboratory study results.

a) Abnormal EEG (Focal/Diffuse slow or Disorganized activity), Epileptic activity or Extreme Delta Burst
b) CSF with Pleocytosis or oligo clonal bands and antibodies to the glun, subun II of the NMDA receptor in serum or CSF.

3) Reasonable exclusion of other disorders.

The differential diagnosis of this clinical presentation primary psychiatric disorders (Acute psychosis, Schizophrenia), malignant catatonia, neuroleptic malignant syndrome, viral encephalitis and encephalitis lethargica.

CONCLUSION:

Although rare approximately 5 percent of patient are >45 years of age, the disease is less severe but outcome tent to worse, possibly due to delay in diagnosis and treatment.

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