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Autoimmune encephalitis hiding behind psychosis

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CASE DESCRIPTION

A 25-year-old man with a history of mild smoking, currently in a stable relationship and with no family history of limbic encephalitis, presented to the emergency room due to high temperature, generalized tonic-clonic seizures, mnestic gaps, disorientation to time, place, and person, and psychomotor agitation. A brain computed tomography (CT) showed no abnormal findings, lumbar puncture with clear and colorless cerebrospinal fluid (CSF), and normal protein and glucose concentrations with no cells.

Meningoencephalitis was suspected, and the patient was placed in an isolated room and administered empirical treatment with ceftriaxone and acyclovir, following a 48-hour treatment with negative cultures. During the hospital stay, the patient showed no convulsive episodes and remained afebrile, although the appearance of suicidal ideation led to a psychiatric consultation, which resulted in the diagnosis of the first signs of schizophrenia. Treatment with haloperidol was provided, and the patient was discharged 72 hours after admission. The patient was readmitted 48 hours later due to a new episode of generalized tonic-clonic seizures associated with visual and auditory hallucinations.

The new CSF obtained by lumbar puncture, although still clear and colorless, showed a much higher protein concentration, normal glucose concentration, and negative staining. Encephalitis was suspected and treatment with acyclovir and diphenylhydantoin was started, but right faciobrachial dystonic crisis persisted. In addition, physical examination showed disorientation to time and place as well as psychomotor agitation. The electroencephalography showed evidence of diffuse slowing at 6 Hertz, with paroxysmal discharges of generalized sharp waves, spike-wave type, at 3 Hertz. In addition, magnetic resonance imaging showed abnormal hyperintense signals in T2-weighted and FLAIR sequences in the parainsular area and the hippocampus head, with an asymmetric pattern. Due to suspicion of immune-mediated encephalitis, treatment with methylprednisolone was started. The patient's condition improved, with positive results for anti–voltage-gated potassium channel antibodies in CSF.

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