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Oral Presentation

Treatment and Porognosis of Autoimmune Encephalitis

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Abstract

AE is a serious medical condition in which the immune system attacks the brain, impairing function. With rapid diagnosis and appropriate treatment, many patients recover most or all functions. However, not all patients experience full recovery; with approximately 6% mortality and other patients who never regain significant brain and/or bodily functions. Autoimmune encephalitis can produce a wide range of neuro-psychiatric symptoms. While the term "autoimmune encephalitis" appears in the medical literature in the 1970's and 1980's, the first specific AE antibody was identified in 2005 when Dr. Josep Dalmua described the anti-NMDA-receptor encephalitis type. The disease occurs in men, women and children of all ages. AE is a multi-disciplinary disease. Diagnosis and treatment often requires the combined efforts of multiple specialists including: psychiatrists, neurologists, rheumatologists, and immunologists. As soon as a patient is diagnosed with AE, they should receive one or more of the four (4) first-line treatments.

1. removal of a teratoma (if present) that could be triggering the autoimmune response
2. steroids to reduce immune response and inflammation
3. plasmapheresis to remove harmful antibodies from blood
4. intravenous immunoglobulin (IVIG), which is believed to occupy the binding sites where harmful antibodies attach to brain cells.

Second line treatments—immunosuppressant drugs—should be started promptly if first-line treatments fail to improve symptoms. Finally some neurologic article reported that 12% of patients had at least one relapse within two years.

Keywords: Treatment, Patient, Immune system

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