



A Case report of anti-NMDA receptor encephalitis in a 12-year-old male: a challenging case in Tanzania.

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INTRODUCTION

Anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis is the most common autoimmune encephalitis reported globally. Diagnosis of this condition is often rare in low- and middle-income countries due to unavailability and costs of the immunological tests.

MAIN OBJECTIVE

To describe the case of anti-NMDAR encephalitis in a 12-year-old male child.

HISTORY

We report the case of a 12-year-old male admitted to the paediatric neurology unit following the onset of acute confusion and abnormal behaviors. This was preceded by a history of afebrile focal clonic seizures 2 weeks before the onset of the confusion. He later developed facial dyskinesia, motor and cognitive regression with subsequent deterioration of the level of consciousness which necessitated intubation with ventilatory support.

RESULTS

He was screened for acute infectious conditions common in Tanzania, Malaria, Meningitis, Tuberculosis and HIV which were all negative. The Cerebrospinal fluid assessment (CSF) showed elevated protein 8g/dl with a normal cell count.

RESULTS ...

The serum and CSF auto-antibody screen showed NMDA-R Antibody positive, AMPA GLUR1 and 2, CASPR, LGTIR and GABA-B receptors they were all negative. The Brain MRI was normal and the EEG at presentation were normal. He received sequential treatment of immune modulation therapy with Intravenous Immunoglobulin and Methyl prednisolone with slight improvement of his symptoms. He subsequently received 2 phases of Plasmapheresis and four cycles of Rituximab. The patient's condition subsequently improved 4 months after presentation is fully ambulant and speaking in short sentences. He continues with his rehabilitation.

Requested : ., AUTO ENCEPHALOPATHY
IMMUNOLOGY

> NMDA Ab	POSITIVE 1:1000
> AMPA Ab GLUR1	Negative
> AMPA Ab GLUR2	Negative
> CASPR2 Ab	Negative
> LGI1 Ab	Negative
> GABA(B) R Ab	Negative

CONCLUSIONS

Anti-NMDAR can be managed with a favorable outcome in low-and-middle income countries with early clinical suspicion and availability of resources.

REFERENCES

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