Epilepsy

A PROBABLE CASE OF CHRONIC AUTOIMMUNE EPILESY PRESENTED TO A TERTIARY CARE HOSPITAL IN SRI LANKA

S. Kularatne[3] , **Premarathna N. [1]** , A. Fernando[1] , S. Bandusena[1] , S. Gunasekara[2] , M. Pathirage [3]

[1]Neurology, National Hospital Sri Lanka, Sri Lanka

[2]Neurophysiology, National Hospital Sri Lanka, Sri Lanka

[3]Medicine, Faculty of Medicine Peradeniya, Sri Lanka

Background Autoimmune epilepsy is still underrecognized and its incidence is not known. Majority of these cases have positive autoantibodies. Identification of immune-mediated epilepsy is vital since early initiation of immune therapy is associated with a favorable outcome. In certain cases, immune therapy trials are used for the dual purposes of diagnosis and management especially in seronegative cases. Case Presentation Seventeen years old girl presented to us with refractory seizures for five years. The semiology of seizures had been changing over the years from generalized tonic clonic seizures to those associated with facial dyskinetic movements and then short-lasting absences. There were associated suttle behavioral changes and auditory hallucinations with unexplained sinus tachycardia. Examination was unremarkable. Her CSF was normal.EEG was encephalopathic with background slowing and widespread sharp waves.MRI had the evidence of left claustral hyperintensity. Her metabolic panel was normal. Her APE2 score was eight. The autoimmune panel, including both CSF and blood NMDAR antibodies, serum AMPA, GABA-B, LGI-1 and CASPR2 antibodies was negative. The whole-body CT didn't reveal any possibility of malignancy. She was treated with pulse methylprednisolone followed by five cycles of plasma exchange in addition to anti-seizure drugs leading to remarkable recovery. Discussion This elaborates a rare case of chronic probable autoimmune epilepsy where the diagnosis was made clinically. Given the background that the knowledge on immunemediated epilepsy is still evolving and the more pathogenic antibodies are yet to discover, early initiation of immune therapy in clinically relevant cases is vital since it has a favorable outcome.