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A Case Of Acute Febrile Encephalopathy With Discussion On Autoimmune Encephalitis

A Young lady pilot presented with fever and altered sensorium with psychiatric manifestations, she initially had an acute course which got protracted and even after defervesce of fever had worsening features with dysautonomia . Therapeutically there were multiple challenges in managing this case and had to be jointly management with psychiatrist for her delirium, hallucinations and other psychiatric manifestations. The patient recovered completely with full resolution of symptoms. She had features of autoimmune encephalitis and this relatively new entity will be discussed here. Autoimmune encephalitis in most circumstances is a diagnosis of exclusion and definitely should be a consideration when CSF studies are near normal. There are various receptor implicated the commonest one being NMDA receptor. It requires to be managed with immune therapy of which Rituximab is the most potent of the therapies and currently recommended therapy for this entity. Early detection and early management will prevent permanent morbidity and also decrease the mortalities.

Keywords: Febrile encephalopathy, dysautonomia, psychiatric manifestations

Biography:

Dr Sanjay Issar Totlani is a consultant neurologist at Royal Bahrain hospital since 2020, Neurologist since 2009 and worked as Senior Adviser neurology in Indian Army from 2009 - 2018 . He has peer reviewed journals and published many original papers including on Stroke, Botox in hyper salivation. Have keen interest in Neuroimmunology including Mutiple sclerosis, NMO spectrum and Autoimmune encephalitis.He is also an Acute Stroke specialist and have set up Stroke centre with Angels initiative in Pune, India.