

## Signs & Symptoms

- Coma
- Acute neurological deficit (aphasia, paralysis etc)
- Epilepsy
- Confusion
- Might be rapidly worsening



## Evaluation

- Brain MRI
- Lumbar puncture after brain imaging: analysis of CSF for
  - white blood cell analysis (ideally including flowcytometry analysis)
  - protein level
  - glucose level
  - presence for neoplastic cells
  - infectious workup (incl. viral and bacterial analysis in CSF and blood: according to local practice and epidemiology (eg varicella, hepatitis E, HSV1, HSV2, VZV, EBV, HIV,...))
  - lactate
- EEG
- Autoimmune serology: neuronal surface antibodies and/or intracellular neuronal antibodies according to clinical presentation in the serum (except anti-NMDA R Ab are done on CSF (can be done later, therefore keep CSF))
- ICPI-related encephalitis is an exclusion diagnosis



## Management

- Treat with following combination:
  - 1-2mg/kg methylprednisolone IV
  - 10mg/kg 3 x pd acyclovir until PCR for viral infections is negative
  - 2gr 3 x pd ceftriaxone, 500mg 3 x pd metronidazole, 2gr 6x pd ampicilline until negative cultures -ICU admission should be considered and cases should be discussed with a neurologist

## Abbreviations

<b>Anti-NMDA R Ab:</b>	Anti-N-methyl-D-aspartate receptor antibody
<b>CSF:</b>	Cerebrospinal fluid
<b>EBV:</b>	Epstein-Barr virus
<b>EEG:</b>	Electro encephalogram
<b>HSV:</b>	Herpes Zoster virus
<b>ICPi:</b>	Immune checkpoint blockade inhibition
<b>ICU:</b>	Intensive care unit
<b>HIV:</b>	Human immunodeficiency virus
<b>MRI:</b>	Magnetic resonance imaging
<b>PCR:</b>	Polymerase chain reaction
<b>VZV:</b>	Varicella Zoster virus