

Early occurrence of brief potentially ictal rhythmic discharges [B(I)RDs], and subsequent emergence of asymmetric extreme delta brush (EDB) in Anti-NMDA receptors encephalitis

Ocorrência precoce de breves, rítmicas e potencialmente ictais descargas [B(I)RDS], e surgimento posterior de assimétrico extremo “delta brush” (EDB) num caso de encefalite Anti-NMDAr

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A 12 years-old boy was admitted in coma without motor deficit, with normal CT scan, CSF with lymphocytosis, and EEG showing B(I)RDS (Figure A). Continuous EEG (24 hours) and subsequent serial intermittent EEGs were performed. Seizures were not documented. Patient developed orofacial dyskinesia and coreo-athetosis movements affecting superior limbs. Later, EEG showed asymmetric EDB pattern (Figure B). MRI was unremarkable.

After immunotherapy, his level of consciousness improved. Anti-NMDAr antibodies were detected in serum and CSF.

B(I)RDS were described in critically ill patients, often associated with brain injury and seizures, but no reported in Anti-NMDAr encephalitis¹. EDB has been described in Anti-NMDAr encephalitis; however, their clinical significance remains to be determined².

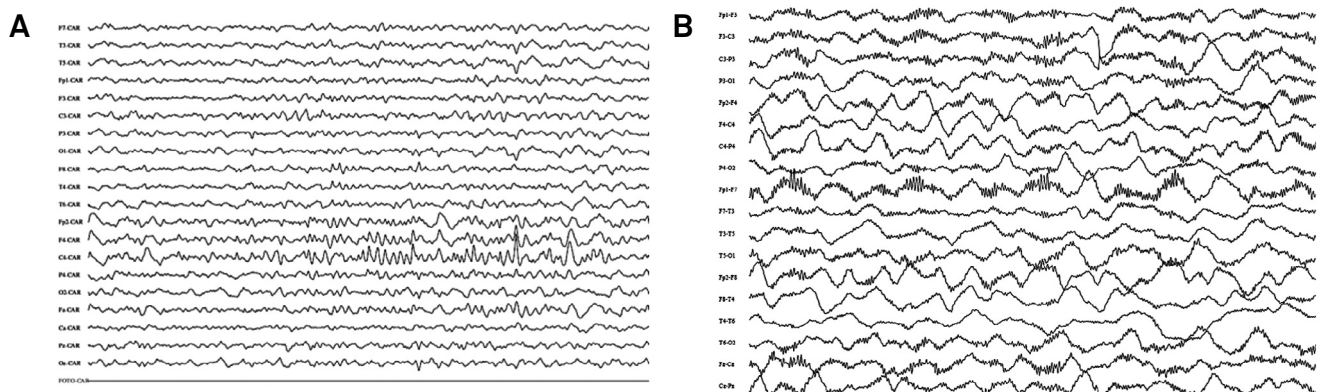


Figure. (A) First electroencephalographic record showing frontocentral (F4, C4 electrodes) burst of rhythmic activity with a frequency of 12-14 Hz, during 06s, a Brief potentially ictal rhythmic discharges - B(I)RDS pattern. (B) EEG eight days after admission, showing asymmetric extreme delta brush (EDB) with delta activity more pronounced in right hemisphere. Parameters were as follows: sensitivity 7 $\mu\text{V}/\text{mm}$, time constant 0.3 s and high-frequency filter 70 Hz.

References

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