Teaching Video NeuroImages: Dystonic posturing in anti-NMDA receptor encephalitis

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Supplemental data at www.neurology.org

A 27-year-old woman presented with odd behavior, seizures, and left arm paroxysmal dyskinesia, more specifically dystonic posturing (video 1 on the *Neurology*® Web site at www.neurology.org), with no electrographic correlate on EEG. The diagnosis of anti-NMDA receptor encephalitis was confirmed by detecting serum and CSF anti-NMDA receptor antibodies. No ovarian teratoma was found, despite its association with this syndrome. She improved minimally with steroids, IV immunoglobulin, and plasmapheresis, but eventually responded to rituximab (video 2). We have not yet fully grasped the pathophysiology of paroxysmal dyskinesias in anti-NMDA receptor encephalitis.[1] Extensive EEG monitoring of this patient almost certainly rules out an ictal origin. Involvement of dopaminergic pathways has recently been hypothesized.[2]

REFERENCES

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