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### **Anti-NMDA encephalitis**

Anti-NMDA receptor encephalitis was firstly described in 2007. Up-to this date more than 400 cases have been described, making the syndrome rather un-rare. It is an autoimmune disorder where the NMDA receptors are targeted. The disease may affect anyone at any age and any gender. The patients usually have a viral-like prodrome of lethargy, upper respiratory symptoms, headache, nausea, fever etc. The presenting symptoms of the syndrome are mainly psychiatric. The patients manifest various psychotic symptoms like delusions, disorganized thoughts and behaviors, paranoid ideation, hallucinations, mood lability and cognitive deterioration. After 1-3 weeks of neuropsychiatric symptoms, the patient suffers from neurological complications such as global alterations in consciousness, catatonic-like states, dysautonomia and seizures. The patients may need to be hospitalized for 3-4 months. Aggressive treatment with corticosteroids and immunotherapy is needed. Most patients respond to this treatment. However, they may have significant cognitive and behavioral abnormalities like deficits in executive functions, impulsivity and behavioral dis-inhibition and sleep disturbances that need further follow-up. Psychiatric and neurological symptoms are treated with psychotropic drugs as in other neuropsychiatric syndromes. Some patients may need neuro-rehabilitation. The diagnosis requires Cerebrospinal Fluid (CSF) work-up. In CSF lymphocytic pleocytosis, elevated protein and oligoclonal bands are found. Demonstrating antibodies against NMDA receptors in CSF and/or serum gives a solid diagnosis of the disease. Cranial Magnetic Resonance Imaging (MRI) may be normal in half of the cases. Electroencephalography (EEG) is usually abnormal with slowed and disorganized activity. In this session a review of anti-NMDA encephalitis will be presented in light of a case that was diagnosed and followed-up in our clinic. This is an important neuropsychiatric syndrome that may go unnoticed unless the physician follows-up the patient closely, runs in-depth neuropsychiatric tests and collaborates with other physicians.

### **Biography**

Nevzat Tarhan became a psychiatrist in GATA in 1982 and professor of psychiatry in 1996. In 1998, he became the representative of Turkey in Memory Center of America. Currently, he is the founder and rector of the Uskudar University, Turkey. He has more than 100 publications, of which 31 are international.

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