

Seizure semiology of anti-LGI1 antibody encephalitis

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- Clinical manifestation
 - Frequent seizures (10-100 per day)
 - Temporal lobe
 - Faciobrachial dystonic seizures (FBDS)
 - FBDS-plus: FBDS plus temporal lobe semiology with affective disturbance
 - Poorly responsive to anti-seizure medications
 - Progressive impairment of memory, cognition, and behaviour
- Diagnostic workup
 - Brain MRI
 - EEG
 - Serum paraneoplastic antibody panel
 - Screening evaluation for tumours

- Management

- Immunotherapy is the most effective treatment
 - First line: high-dose corticosteroids
 - IVIg, plasmapheresis, and rituximab are also effective

- Key points

- Consider testing for autoimmune epilepsy if:
 - New-onset frequent temporal lobe seizures are unresponsive to anti-seizure medications
 - Faciobrachial dystonic seizures are present
 - Progressive disturbance of memory and behaviour is present
- Outcomes are improved if treated early with immunotherapy