

中文題目:邊緣系統腦炎:昏迷病人非抽搐型癲癇重積狀態罕見原因

英文題目: Limbic encephalitis: a rare cause of non-convulsive status epilepticus in a comatose patient

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Background: The diagnosis of non-convulsive status epilepticus (NCSE) among comatose patients imposes a diagnostic challenge to the clinical physicians. Limbic encephalitis is one of the rarest causes of NCSE, which requires a high index of suspicion for its diagnosis.

History: Here we presented a 75-year-old man who was sent to hospital due to consciousness loss with refractory seizure. Initial brain CT and MRI showed old lacunar infarcts and the CSF analysis revealed only mild leukocytosis. Besides, blood, urine, sputum and CSF culture were all negative findings. However, the seizure still happened intermittently and the EEG pattern progressed even under four kinds of anti-epileptic drugs. We then noted that his ammonia level remained high, and there were still intermittent spikes in EEG even after ammonia level declined gradually during the follow-up period. Third time of brain MRI showed hyperdense change at medial part of temporal lobe. Besides, CSF IgG index (CSF IgG to CSF albumin ratio compared to the serum IgG to serum albumin ratio) was more than 0.66. In a suspicion of autoimmune encephalitis, CSF antibodies were checked and the anti-GABA_B receptor antibody was positive. According to the laboratory data, image findings and his clinical presentation, limbic encephalitis was diagnosed finally. The patient was awake thereafter in another few days after steroid was prescribed. Seizure didn't re-occur since then.

Conclusions:

1. Repeated EEGs or preferably continuous EEG is mandatory for the diagnosis and management of non-convulsive status epilepticus, especially among comatose patients.
2. The diagnosis of limbic encephalitis (or other antibody-mediated encephalitides) depends on typical image findings, the CSF IgG Index and confirmatory serology test for the associated antibodies.