

# Clinical diagnosis of autoimmune encephalitis: facts and misfacts

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# disclosures

- Receive hourly pay for IDMC role for Roche: fingolimod v ocrelizumab RCT
- No COI
- Nil else to disclose

# Learning objective

Be aware of the clinical diagnostic criteria of autoimmune encephalitis in adults, and children.

Autoantibody biomarkers have revolutionised autoimmune neurology, and defined treatable neurological conditions.

Identify the pitfalls and vulnerabilities of making a diagnosis of autoimmune encephalitis.

# Key messages

There is a clinical diagnostic criteria for autoimmune encephalitis in adults (Graus et al, Lancet Neurology 16)

There is a clinical diagnostic criteria for autoimmune encephalitis, specific to the paediatric patient (Celluci et al, N2 20)

Despite the criteria, there are pitfalls and potential for error, which include:

- Consider whether the clinical phenotype aligns with the suspected diagnosis
- Consider whether the radiological phenotype aligns with the suspected diagnosis
- Provide evidence of CNS inflammation (MRI or CSF)- be suspicious of the AE diagnosis in the absence of CNS inflammation evidence.
- Understand the limitations of autoantibody biomarker testing, including specificity, and tissue to be tested
- Appreciate the presence of seronegative autoimmune encephalitis, but the pitfalls of this diagnosis
- Be aware of the differential diagnosis, and exclude important alternative causes, when possible

# References

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