Psychiatric features of autoimmune limbic encephalitis

H El kefi¹, M messelmani², W kabtni¹, W ktr¹, C ben cheikh brahim¹, J zaouali², R mrissa², A ounaya³.
¹ Military Hospital, psychiatry department, Tunis, Tunisia
² Military Hospital, neurology department, Tunis, Tunisia

Background:
Autoimmune limbic encephalitis is a rarely encountered disease in modern clinical practice. In some cases, it may be inaugurated by psychiatric symptoms. This means it is not unusual for patients to be referred initially to psychiatric departments, leading to delays in diagnosis and in treatment.

Aims:
We report the psychiatric features of autoimmune limbic encephalitis.

Method:
We present three cases with psychiatric symptoms inaugurating an autoimmune limbic encephalitis and review the available literature.

Results:
The psychiatric symptomatology inaugurating a limbic encephalitis was variable and rich.


Case 2: Anti-GAD encephalitis: a 59-year-old man presented with psychosis symptomatology with auditory hallucinations and delusions of persecution.

Case 3: Anti-NMDAR encephalitis: a 23-year-old man presented with major depressive disorder (suicidal thoughts and sleep disturbances).

The patients presented considerable improvement of psychiatric symptoms after immunotherapy.

Discussion:
Owing to the variety of antigens targeted by autoantibodies, autoimmune encephalitis is clinically heterogeneous. While most of the literature focuses on the neurological manifestations, the initial presentation is often psychiatric [1].

1-Psychiatric presentation of Hashimoto encephalitis:
The clinical manifestations include disturbance of consciousness (51%), cognitive impairment and memory loss (48%), hallucinations and psychotic symptoms (26%), involuntary movements (12%) and language barrier (8%) [2].

2-Psychiatric presentation of Anti-NMDAR encephalitis:
Studies reported that 80% of patients diagnosed with anti-NMDAR encephalitis had initial psychiatric presentation and >60% were first admitted in a psychiatric unit [3]. Psychiatric presentation is heterogeneous with grandiose and paranoid delusions, hallucinations (visual and auditory), bizarre behavior, agitation, fear, insomnia, confusion, and short-term memory loss. These manifestations are generally considered as acute psychosis, mania (with psychotic features), or onset of schizophrenia [4].

3-Psychiatric presentation of Anti-GAD encephalitis:
A few psychiatric presentations are described such as disorientation and confusion but psychiatric troubles are less frequent than for other antibodies. Low level of GAD65 antibodies was also found to correlate with bipolar disorder presentations [5].

Conclusion:
Recognition of autoimmune limbic encephalitis is sometimes delayed, usually because the organic etiology of psychiatric symptoms was not discussed, which can result in long-term neurological consequences. Thus, clinicians should increase awareness of this entity because of its complications.