

# You don't know me yet, but by the time you do You will wish we had never met. I will take your memory; I will take your speech; I will make you see, hear, horrible things; You will no longer be able to eat; You will no longer be able to breathe. I will play with your heart, and just for fun, I may even make it stop. Your arms and legs will be at my command, And these are just a few of the things I can do. You will be mine, all mine. Let me introduce myself, My name is Anti-NMDA Receptor Encephalitis

Written by Nesrin Shaheen - 2013

Let Me Introduce Myself





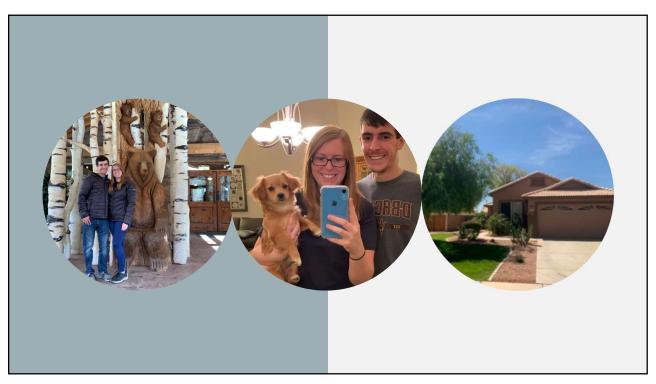
A **molar pregnancy** is an abnormality of the placenta, caused by a problem when the egg and sperm join at fertilization. This is a rare condition occurring in **1 out of every 1,000 pregnancies**.

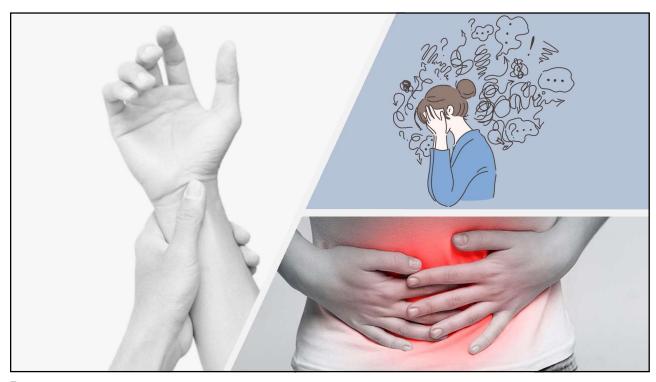
# What Is a Partial Molar Pregnancy?

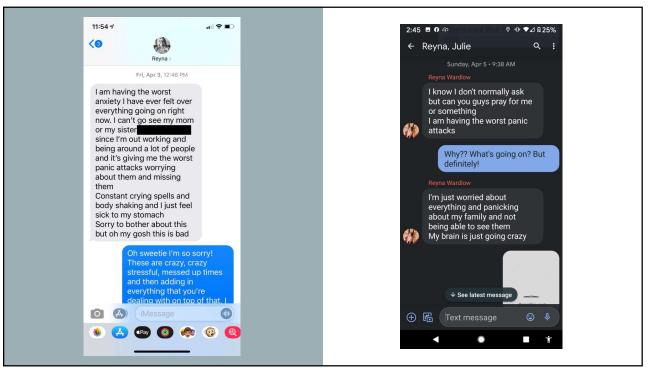
Partial Mole occurs when the mass contains both the abnormal cells and an embryo that has severe birth defects.
 In this case, the fetus will be overcome by the growing abnormal mass rather quickly.



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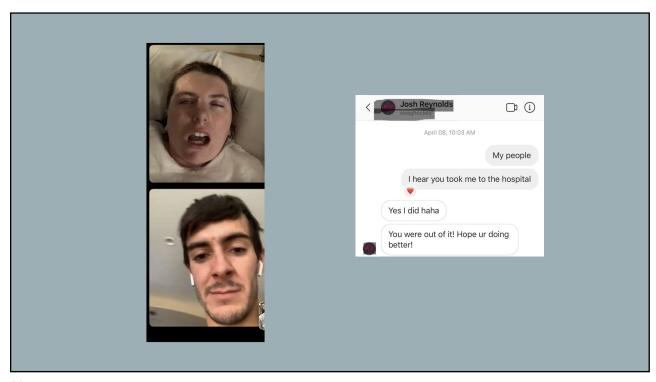












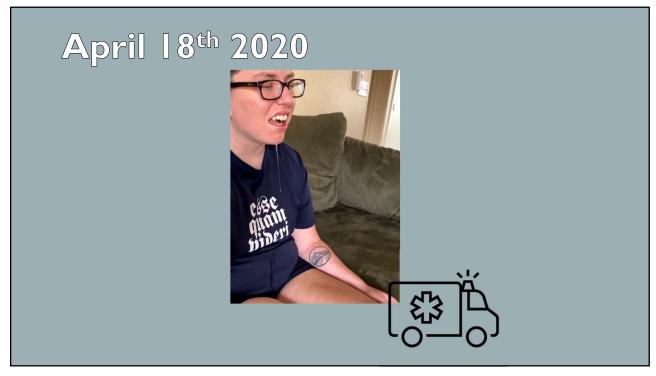
April 6th 2020 - 1st seizure (at work)

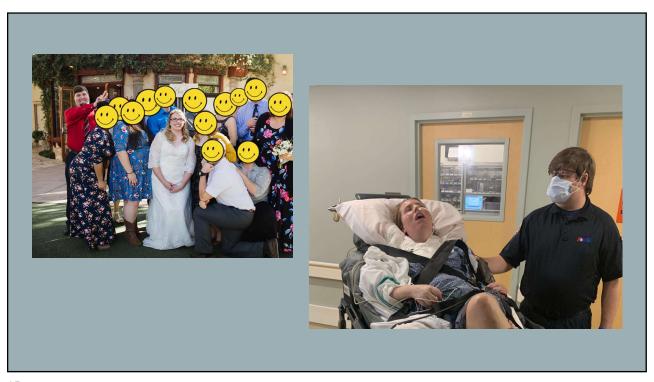
April 8th 2020 - 2<sup>nd</sup> seizure (at home)

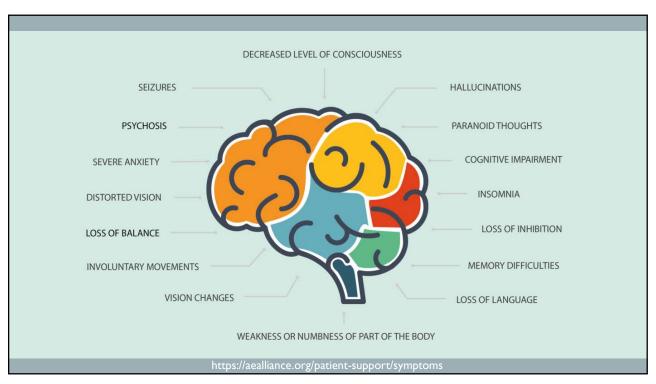
In and out of 3 hospitals for several days
Per doctors, nothing abnormal was showing up on any
EEGs, MRIs, Blood work, etc.

Admitted to behavioral hospital











## What is Anti-NMDA Receptor Encephalitis?

Anti-NMDA receptor encephalitis is a neurological disease first identified by Dr. Josep Dalmau and colleagues at the University of Pennsylvania in 2007.

- Autoimmune disease where the body creates antibodies against the NMDA receptors in the brain
  - The antibodies disrupt normal brain signaling and cause brain swelling or encephalitis
    - It can affect both men and women, however, is more common among women.
      - It primarily affects the young, including children and young adults.
  - Some patients also have a tumor associated with this disease; the most common type is an ovarian teratoma in women.

https://www.med.upenn.edu/autoimmuneneurology/nmdar-encenhalitis.html

### **Diagnosis**

Anti-NMDA receptor encephalitis is often first identified through clinical symptoms. Diagnosis is confirmed through lab testing of cerebral spinal fluid (CSF) or blood serum.

### **Treatment**

Treatment of anti-NMDA receptor encephalitis can vary according to patient, but typically includes a combination of the following:

First Line Treatment: •Tumor removal (if tumor is present) •Steroids

•Plasma Exchange (plasmapheresis)

•Intravenous immunoglulin (IVIG)

Second Line Treatment:

•CellCept •Rituximab

•Cytoxan Recovery

Recovery is slow and typically occurs in reverse of symptom onset. The most severe symptoms  $typically\ resolve\ first\ while\ the\ cognitive,\ behavioral,\ and\ memory\ problems\ take\ longer\ to$ resolve. Most patients will make a full recovery within two years of disease onset. Predictors of positive outcomes include presence of a tumor, quick diagnosis, and aggressive treatment including second line therapies.

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