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Letters to the Editor: Published Article

Management of Seizures and Epilepsy in Patients with Autoimmune Encephalitis

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To the editor,

I have read with enthusiasm the recent publication of a Canadian Consensus Guideline for the Diagnosis and Treatment of Autoimmune Encephalitis in Adults by Hahn, *et al.*[1] As a neurologist, I found that the approach for diagnosis and assessment provided in this document is quite clear and very informative. While potentially outside the scope of acute management of Autoimmune Encephalitis (AIE), I believe these guidelines would benefit from elaboration on treatment options for patients who develop an enduring predisposition to seizures despite adequate immunotherapy (i.e., those with autoimmune encephalitis-associated epilepsy, or AEAE).

The authors suggested that sodium-channel blockers are possibly more effective that other antiseizure medication (ASM). The statement may be appropriate based on the scarce evidence available, and in certain parts of the globe those ASMs may be the only option available to treat seizures. Furthermore, the newer sodium-channel blockers are less prone to cause side-effects and interactions with other drugs (e.g., lamotrigine, lacosamide).

It has been the experience in our center that patients with LGI1 antibody encephalitis, seizures will not stop unless immunosuppressive treatment is started early. Recognition of the unique faciobrachial dystonic seizures is key. But in those in whom treatment was initiated in a late fashion, as well as those with seizures in the context of encephalitis due to anti-GAD65, anti-NMDA antibodies, who have received adequate immunosuppressive treatment and persist with seizures despite use of 2 adequate treatments with ASMs, surgery should be considered. In the chronic phase, after adequate immunosuppressive treatment, some patients become refractory to ASMs. Even though in most cases a single epileptogenic focus is not found, an adequate presurgical assessment should be done in order to know if the patient is amenable to surgical resection or neurostimulation.

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Reference

1. Hahn C, Budhram A, Alikhani K, et al. Canadian consensus guidelines for the diagnosis and treatment of autoimmune encephalitis in adults. *Can J Neurol Sci.* 2024;5:1–21.

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