

Anti NMDA Receptor Encephalitis: A case report

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ABSTRACT

Introduction: Anti-N-methyl-D-aspartate (NMDA) receptor encephalitis is an autoimmune disorder in which antibodies attack NMDA receptors at central neuronal synapses. The symptoms include a highly characteristic set of neurological symptoms but also prominent psychiatric manifestations. Misdiagnosis is frequent given the overlap of symptoms with psychiatric manifestations. **Case Report:** This is a case of a healthy 26-year-old man with history of polysubstance abuse who complained of intermittent dizziness, fatigability & myalgia. He also experienced elementary in nature auditory hallucinations which were transient and resolved spontaneously. He presented to the Emergency Department weeks later with psychiatric manifestations. CT brain was normal. He was admitted to the psychiatry ward. Throughout his detention he was restrained and isolated due to his provocative behaviour. In view of poor response to optimised poly psychotropics MRI brain showed multiple T2/FLAIR hyperintense foci in both centrum semiovale, right parietal lobe, right frontal lobe and left temporal lobe. He was treated as old infarct secondary to previous illicit drug abuse. Despite being treated with optimal doses and duration of multiple antipsychotics, his psychosis failed to improve. Due to the atypicality of his psychotic episode, he was investigated for anti NMDA receptor encephalitis, which he tested positive for. He was immediately transferred to the medical ward and treated with IVIG. He subsequently showed improvement. However, he was noted to have regressive personality changes. **Conclusion:** This case underscores the need for increased awareness and high diagnostic suspicion of this rare clinical syndrome when approaching patients with acute onset of atypical psychosis. Prompt diagnosis is critical as early immunotherapy could dramatically affect outcomes.

Accidental Burns Caused by Infra-Red Heat Lamp Following Electroacupuncture Treatment: A Case Report

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ABSTRACT

Introduction: Electroacupuncture (EA) combines acupuncture needling and electrical stimulation via an electrical acupuncture machine. Infra-red (IR) heat lamp was commonly used in acupuncture treatment. Acupuncture and heat therapy may induce Nitric Oxide release that improves local microcirculation, triggers biochemical and physiological responses, which leads to analgesic effect. **Methods:** A retrospective case report of adverse event (burns) caused by IR heat lamp following EA treatment was conducted. **Results:** A 39-year-old wheelchair bound male diabetic patient experienced second degree burn with blisters on right lower limb few hours after receiving 3rd electroacupuncture treatment combined with heat therapy. The lesions were located where the IR heat lamp had been positioned. The whole acupuncture treatment lasted for 30 minutes and an IR heat lamp with timer was used. Patient was initially referred to the T&CM Unit for post spinal cord injury pain secondary to right pelvic gunshot wound. He was concurrently on multiple analgesic medications both orally and externally. Patient was not aware of the burns and was not complaining of any pain at the end of treatment session. The risk of accidental burn by IR device was higher for patients with sensory impairment such as paraplegia, diabetes and vascular disease. After regular dressing, the wound healed well with hyperpigmentation. **Conclusion:** Adverse event of burns are preventable, and therefore, it is crucial to raise awareness among healthcare workers as well as T&CM practitioners of these increased risks and for authorities to implement protective measures.