Fowler MD, Neuropediatric Unit, Karolinska University Hospital, 171 76 Stockholm, Sweden. E-mail: asa.fowler@ki.se).

COMMENT. Recovery from acute encephalitis in children is incomplete in 66% and complete in 34% cases at long-term follow-up. Many of those considered fully recovered at discharge have persisting symptoms later. Those who recover completely do so within 1 year. Ten percent develop post-encephalitic epilepsy, and girls are especially vulnerable. In addition to EEG abnormalities, neurological and MRI findings at time of acute illness are predictive of outcome. (Lee WT et al. **Eur J Ped Neur** 2007;11(5):302-309)(Chen Y-J et al. **J Child Neurol** 2006;21:1047-1051).

ANTI-NMDA RECEPTOR ENCEPHALITIS AND PROLONGED NONCONVULSIVE STATUS EPILEPTICUS

A case of a 35-year-old woman with a 3 week history of headaches, short-term memory loss, and psychosis, diagnosed with anti-NMDA receptor encephalitis and ovarian tumor, is reported from the University of Rochester Medical Center, NY, and University of Pennsylvania Medical Center, Philadelphia. An EEG demonstrated nonconvulsive status epilepticus (NCSE). MRI showed hyperintensity in the right medial temporal lobe. Tests for viral and bacterial pathogens, including herpes simplex virus, were negative. CSF had an antibody for the NR1/NR2B heteromer of the NMDA receptor. Most AEDs were ineffective but propofol caused abrupt cessation of the rhythmic NCSE. Pentobarbital coma was required to maintain EEG-burst suppression and was continued for 5 months. IV immunoglobulin, cyclophosphamide, or rituximab were without effect. CTs and ultrasound of ovaries revealed only a cyst, but oopherectomy at 5 months uncovered an ovarian teratoma. Two weeks postoperatively she awakened, and within 4 weeks she was alert and conversant. At 5 weeks postoperativly, the EEG showed sleep-wake cycles and normal waking organization. Mild defects on naming and memory tests were present at 6 months follow-up, but no seizures had occurred. (Johnson N, Henry C, Fessler AJ, Dalmau J. Anti-NMDA receptor encephalitis causing prolonged nonconvulsive status epilepticus. **Neurology** Oct 2010;75:1480-1482). (Response and reprints: Dr Nicholas Johnson, 601 Elmwood Ave, Box 673, Rochester, NY 14642. E-mail: Nicholas.johnson@urmc.rochester.edu).

COMMENT. Anti-NMDA receptor encephalitis resistant to immonomodulatory therapies should be considered for oopherectomy, even when CT is not diagnostic of ovarian tumor.

DEMYELINATING DISEASES

PROGRESSIVE COGNITIVE IMPAIRMENTS IN CHILDHOOD AND JUVENILE MULTIPLE SCLEROSIS

The evolution of cognitive and psychosocial difficulties in a cohort of 56 MS patients compared with 50 healthy controls was studied by researchers at the University