Hashimoto's Encephalopathy

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Abstract:

HASHIMOTO'S ENCEPHALOPATHY was described by Brain et al in 1966.[1] Other names for this disorder include steroid-responsive encephalopathy associated with autoimmune thyroiditis (SREAT) and non-vasculitic autoimmune meningo-encephalitis (NAIM). Average age of onset for HE is 47 years (range 14 to 78 years)and majority of patients are women. Presence of goiter or a positive family history for thyroid dysfunction may be present. Two types of clinical presentation are commonly observed. First type is acute stroke-like presentation with transient focal-neurological deficits which was present in our patient. It may be associated with speech problems (transient aphasia), focal or generalized seizures and status epilepticus. Second form is of insidious onset, progressing to dementia, psychosis and coma over several weeks without any focal neurologic deficits. Associated features include lack of concentration, sleep abnormalities, headaches, tremors, myoclonus and ataxia. Differential diagnosis for the disorder includes Alzheimer's disease, cerebrovascular accidents (CVA), Creutzfeldt-Jakob disease, HIV and other viral encephalitis.