Hashimoto's Encephalitis

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This factsheet aims to provide people affected by Encephalitis, families, friends, carers and health care, social and educational professionals with a better understanding of Hashimoto’s Encephalitis.

Terms used
Hashimoto’s Encephalopathy, Steroid responsive encephalopathy associated with autoimmune thyroiditis (SREAT), non-vasculitic autoimmune meningoencephalitis.

Background
Hashimoto’s Encephalitis was first described in 1966. It is a rare condition, probably of autoimmune origins. Autoimmunity describes a disorder in which the immune system mistakenly attacks and destroys healthy body tissues. It is usually associated with high levels of thyroid antibodies in the blood. Hashimoto’s Encephalitis has been reported in children, adults and the elderly all over the world. It is more common in females than males. However it is believed that Hashimoto’s may represent a syndrome which encompasses a number of specific conditions.
What are the symptoms?
The clinical presentation is often with drowsiness, episodes which look like strokes, psychosis, jerky movements (some of which may be seizures) and sometimes coma. Two types have been described: (1) The relapsing and remitting type (symptoms at times worse and other times better) which manifests with encephalopathy and stroke–like episodes. (2) The diffuse progressive type which has a slow onset, progressive course with occasional fluctuations and manifest with psychiatric symptoms such as confusion, disorientation and psychosis. Either of these may present with tremors, jerks or epileptic seizures.

What are the causes?
Currently, the exact cause is unknown although a role for autoimmunity is likely. The thyroid antibodies are a marker rather than the cause of the problem. Thyroid function is usually normal.

How is it diagnosed?
It is a diagnosis of exclusion and the differential is wide, including stroke-like episodes, Creutzfeldt-Jacob disease, autoimmune Encephalitis and rarely inborn errors of metabolism. Useful tests include Magnetic Resonance Imaging (MRI) of the brain, Electroencephalogram (EEG), Cerebrospinal Fluid (CSF) findings, endocrine and metabolic screens, and viral studies.

How is it treated?
Most patients with Hashimoto's Encephalitis improve with high dose steroids (Prednisolone). However, improvement may take weeks or even months. Because of the improvement with steroids, some experts refer to the condition as “steroid responsive encephalopathy associated with autoimmune thyroiditis (SREAT)”. Plasma exchange and intravenous immunoglobulin (IVIG) have been used in some patients who show a limited response to steroids.
The prognosis with treatment is generally good. Steroids are often continued for many months.
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The authors have used evidence, academic and professional experience in writing this factsheet. If you would like more information on the source material and references the author used to write this page please contact the Encephalitis Society.