Imaging alterations in autoimmune encephalitis: a systematic review and meta-analysis

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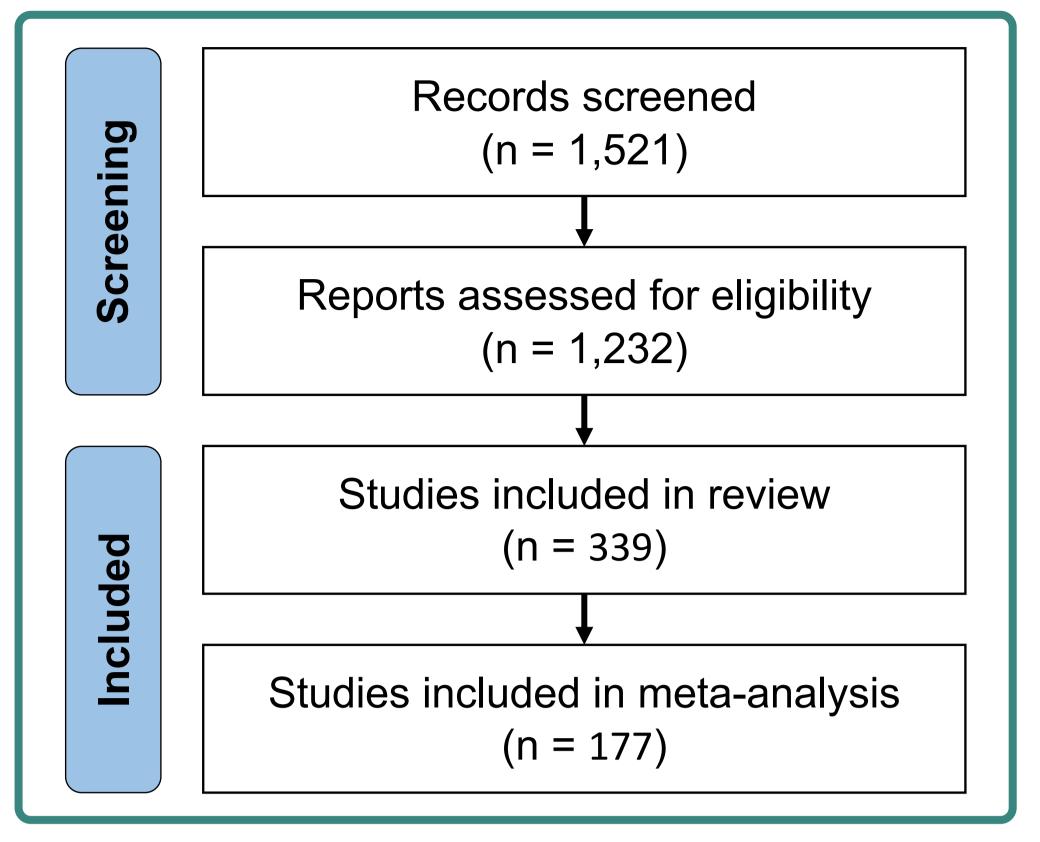


Background

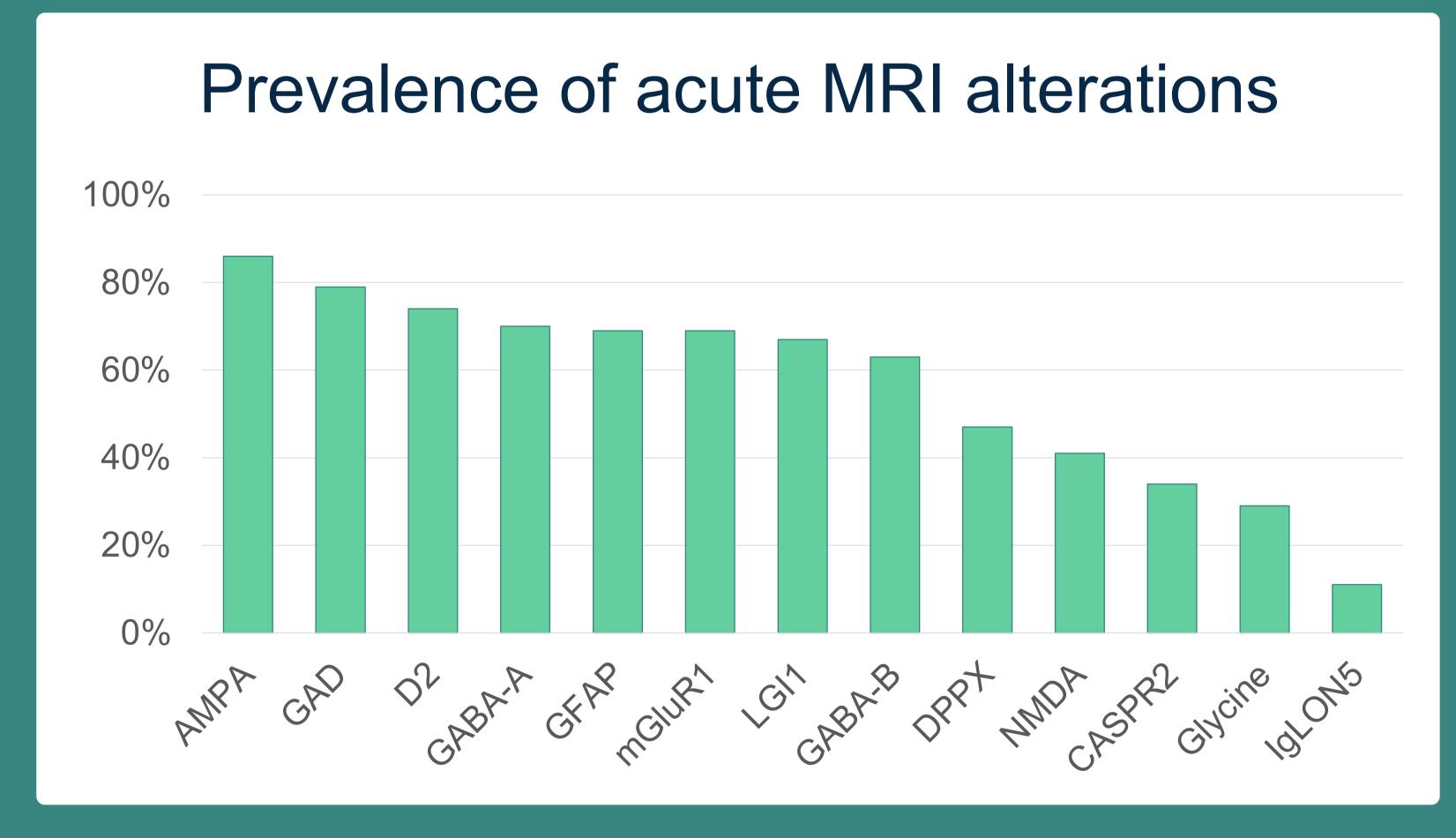
- Diagnostic Significance: Understanding typical imaging patterns aids clinicians in recognizing autoimmune encephalitis (AIE), enhancing diagnostic confidence and clinical decision-making.
- Growing Data Availability: Increasing reports on various antibody targets provide ample data for statistical analysis, allowing for meta-analytic summaries of imaging abnormalities.
- Systematic Review and Meta-Analysis of acute brain imaging in AIE, assessing pooled prevalence of imaging abnormalities, and visualizing affected brain regions, highlighting disease-specific patterns.

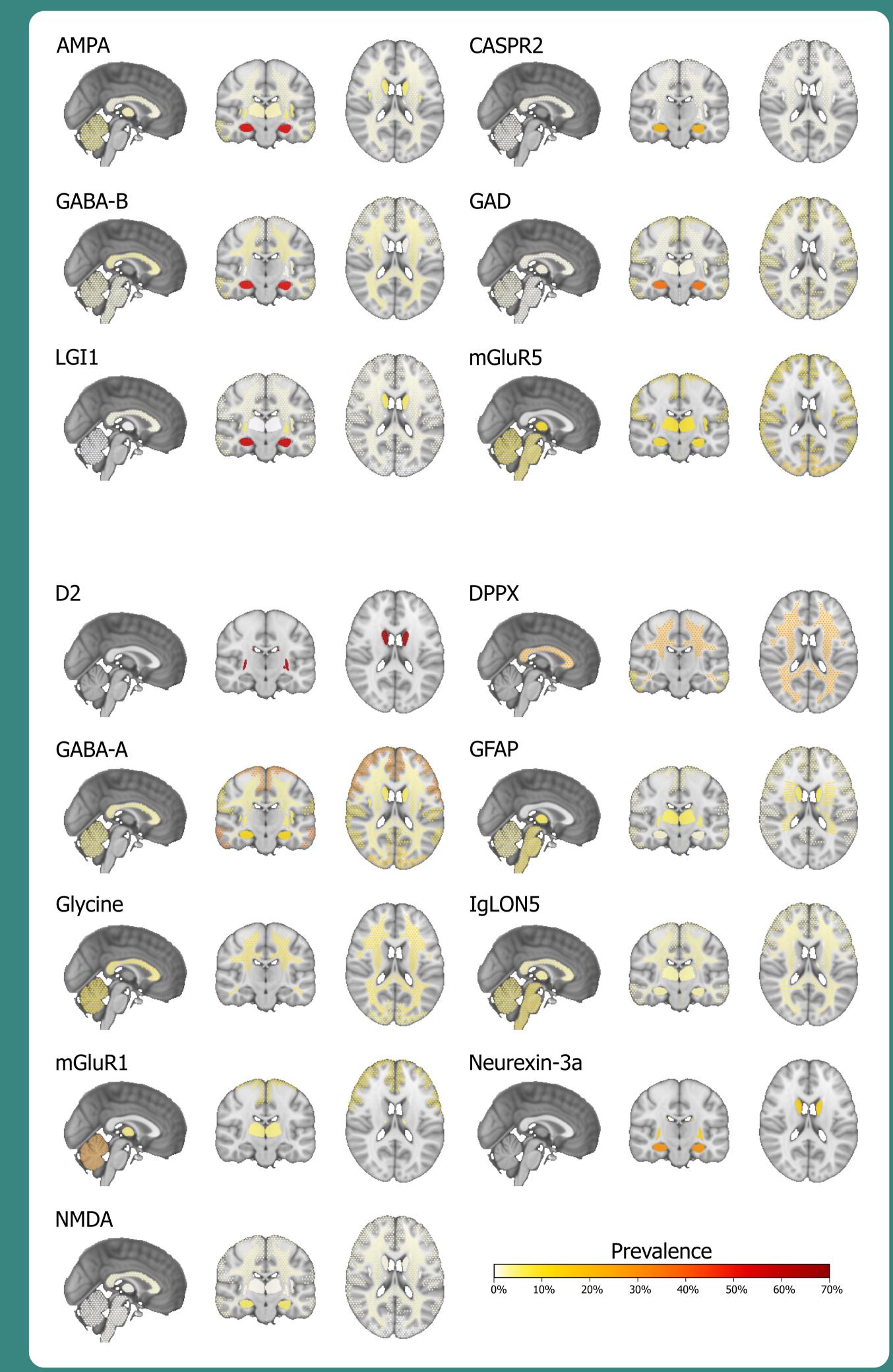
Methods

- Comprehensive Literature Search: peer-reviewed articles published 2007-2021 in English.
- Analysis Methods: Meta-analysis was conducted using a random effects model.
- Bias Assessment: Methodological quality was evaluated using the JBI critical appraisal checklist for case reports. Reporting bias was assessed using funnel plots, Doi plots, and the Luis Furuya-Kanamori (LFK) index.



Distinct imaging patterns across autoimmune encephalitides





Conclusions

- Prevalence Variation: Prevalence of acute imaging alterations in AIE ranged from 11% to 86%.
- Limbic encephalitis: T2/FLAIR hyperintensities in the MTL were typical in encephalitis with antibodies against AMPA-R, CASPR2, GABA-B-R, GAD, LGI1 and mGluR5, rare in GFAP, GABA-A-R, IgLON5, Neurexin-3a and NMDA-R encephalitis, and absent in other AIE types.
- **Distinct Antibody Patterns:** Specific antibodies were linked to characteristic MRI patterns (e.g., unilateral basal ganglia hyperintensity for LGI1 or cortico-subcortical lesions in GABA-B-R encephalitis).
- Red Flags: Unilateral lesions or asymmetric MTL involvement, patchy contrast enhancement or ischemia are atypical for AIE, indicating possible alternative diagnoses.
- Clinical Significance: Understanding distinct AIE imaging patterns is relevant for accurate diagnosis and guidance of treatment decisions.



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