Anti-Ma2–associated encephalitis in a patient with testis carcinoma

Figure MRI at presentation (A) and after clinical relapse (B)

(A) T2-weighted hyperintensity of the hypothalamus with contrast enhancement. (B) T2-weighted hyperintensity of the hippocampus on both sides, more pronounced on the right side, with contrast enhancement.

A 30-year-old man presented with 3 months of alternating hyper- and hypothermia, libido loss, hypersomnia, and headache. Neurologic examination was unremarkable. Laboratory tests revealed low serum testosterone and hypocortisolism. MRI showed hypothalamic T2 hyperintensity and contrast enhancement (figure, A). CSF analysis showed moderate lymphocytosis. Cerebral infections and malignancies were excluded. Methylprednisolone was started based on a working-diagnosis of lymphocytic hypothalamicitis. After initial improvement, the patient relapsed, with MRI showing limbic involvement (figure, B). Serum and CSF screening was positive for anti-MA2. Ultrasonography showed microcalcification of the right testicle, which was resected. Histology showed focal germ cell neoplasia.

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