A 33-year-old man presented with baryglossia, memory disturbance, and seizures for a month. The workup for infectious and rheumatic disease was negative. Serum and CSF anti-NMDAR antibody were positive. MRI showed cortical and subcortical hyperintensities with adjacent pachymeningeal thickening and enhancement (Figure, A–D). Treatment with immunoglobulin and high-dose methylprednisolone produced significant improvement in the symptoms and resolution of changes on the posttreatment MRI (Figure, E–H).

The frequently reported abnormalities on MRI in anti-NMDAR encephalitis are leptomeningeal enhancement and T2/FLAIR cortical and subcortical hyperintensities in the temporal lobe, followed by the frontal lobe, periventricular region, and cerebellum, rarely involving the dura mater.\textsuperscript{1,2}

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Appendix
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Appendix (continued)

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References

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