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**[An 8-year-old boy with anti-NMDA receptor encephalitis, successfully treated with cyclophosphamide].**

[Article in Japanese]

[Mitani T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Mitani%20T%5BAuthor%5D&cauthor=true&cauthor_uid=23593747)1, [Ohtsuka Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ohtsuka%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Yamamoto K](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yamamoto%20K%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Watanabe Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Watanabe%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Tsuji M](https://www.ncbi.nlm.nih.gov/pubmed/?term=Tsuji%20M%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Samejima K](https://www.ncbi.nlm.nih.gov/pubmed/?term=Samejima%20K%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Aida N](https://www.ncbi.nlm.nih.gov/pubmed/?term=Aida%20N%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Sato T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sato%20T%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Wada T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wada%20T%5BAuthor%5D&cauthor=true&cauthor_uid=23593747), [Osaka H](https://www.ncbi.nlm.nih.gov/pubmed/?term=Osaka%20H%5BAuthor%5D&cauthor=true&cauthor_uid=23593747).

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**Abstract**

We report on an 8-year-old boy with non-paraneoplastic anti-NMDA receptor (NMDAR) encephalitis, who presented with psychotic symptoms and involuntary movement following an intractable seizure. His serum and CSF tested positive for anti-NMDAR antibodies. He received an initial immunotherapy consisting of methylprednisolone pulse therapy (mPSL) and intravenous immunoglobulin therapy (IVIg), without any clinical improvement. He had three cycles of monthly cyclophosphamide pulse therapy (500 mg/m2), and his clinical condition started to improve gradually two weeks after the first cycle, without any side effects. Six months after onset, he tested normal upon standard neurological examination. Cyclophosphamide therapy should be considered for children with anti-NMDAR encephalitis, as well as mPSL and IVIg.