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Cryptogenic New Onset Refractory Status Epilepticus (NORSE) Responsive to Rituximab
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Introduction
• NORSE is diagnosed when patients with no history of epilepsy present with refractory status epilepticus and no identifiable cause.
• Other than antiepileptics and anesthetic coma, there are currently no established guidelines for management. IV steroids, plasma exchange, and IVIG are first line treatments, while immunomodulators are often second line.
• Prognosis is poor. Patients spend an average of 15 days in the ICU and have a 27% mortality rate. Most have residual cognitive impairment and drug-resistant epilepsy.

Case Presentation
• 35 y/o F with a medical history of celiac disease presented two weeks after a febrile illness with new onset seizures.
• MRI of the brain with and without contrast was normal.
• Autoimmune and infectious workups were performed on both CSF and serum. Samples were unremarkable.

Hospital Course
Day 1
First seizure and admission

Day 4
EEG with bilateral independent temporal lobe seizures, left greater than right

Day 5
Intubated

Day 10
Transferred to VCU

Day 11
Started on IVIG, Methylprednisolone, and Pentobarbital

Day 19
Rituximab infusion initiated

Day 23
Patient’s mental status improved

Day 28
Versed gtt was successful weaned

Day 32
Patient self-extubated

Day 35
Discharged to rehab on Briviact 100 mg BID, Lacosamide 200 mg BID, Phenobarbital 60 mg q12h, and Clobazam 20 mg BID

Outcome
• Within 2 weeks of starting Rituximab, EEG normalized.
• She continues to live with her husband and perform ADLs independently.

Conclusion
• Early initiation of immunomodulatory therapy in NORSE may shorten hospital stays, improve cognitive outcomes, and boost long-term responses to AEDs.