Table E-2: Autoantibody testing

Clinical signs/symptoms	Time course	Therapy initiated	Response
encephalopathy hyporesponsiveness respiratory failure orofacial dyskinesias complex partial seizures	initial presentation		
meningeal signs right sided weakness dysarthria ataxia	+ one month	long-term oral corticosteroids (outside hospital)	significant improvement
optic neuritis	+ six months	IV corticosteroids	symptom resolution
weakness dysarthria ataxia anesthesia pyramidal tract signs internuclear ophthalmoplegia cognitive impairment urinary incontinence dysphagia loss of ambulation labile emotionality	monthly exacerbations with accumulating disability	IV corticosteroids (multiple acute exacerbations)	nonsustained response
		beta interferon 1a	no effect on subsequent relapse rate
		plasmapheresis	partial response
		IVIg	no response
		pulse cyclophosphamide	partial response
wheelchair-dependent pseudobulbar affect significantly cognitively impaired fluctuating weakness and ataxia visually impaired incontinent (EDSS =8)	one year after initial presentation	rituximab monthly plasmapheresis monthly IV corticosteroids monthly pulse cyclophosphamide	resolution of symptoms
independently ambulating (w/o limitation) Mild memory impairment Impulsivity Normal vision Normal motor skills (EDSS =1.5)	18 months after initial presentation	mycophenolate mofetil	maintenance

Combined regimen: rituximab dose = 1000 mg in two infusions 2 weeks apart; cyclophosphamide dose = 1000 mg/m^2 monthly; IV corticosteroid = 1000 mg methylprednisolone monthly