Table e-1: Clinical, paraclinical and immunological features of patients with VGKC-complex Abs and primary non-inflammatory diagnoses

Demo- graphics	Presentation	Investigations	Diagnosis	VGKC- complex-Ab (pM)	Immunotherapy	Outcome (Follow-up, months)
9 yr M Caucasian	Focal epilepsy with worsening seizures.	MRI: Left hippocampal sclerosis CSF not done	Focal epilepsy	105	Steroids	Good response to steroids (11)
3 yr M Caucasian	Transient Hemiplegia	MRI brain normal	Undiagnosed	111	Not treated	Full recovery (25)
14 yr M Asian	Motor tics	Not investigated	Tic disorder	117	Not treated	Ongoing symptoms (23)
8 yr M Caucasian	Long standing seizure disorder	MRI brain normal CSF not done	Primary generalized epilepsy	120	Not treated	On-going seizures (13)
16 yr F Caucasian	Bilateral lower limb pain. Long standing Hypothyroidism	MRI brain and spine normal. NCS and EMG normal	Undiagnosed	125	Not treated	Ongoing symptoms (12)
10 yr M Caucasian	Headaches, history of allergies	MRI brain normal	Headaches	128	Not treated	Full recovery (24)

4 yr F	New onset myoclonic	MRI normal	Myoclonic astatic epilepsy	143	Not treated	On-going seizures.
	seizures					Developmental
African		CSF no cells				concerns
Caribbean						
						(26)
9 yr M	Encephalopathy with	MRI: Bilateral grey matter	Pyridoxine-dependent	158	Not treated	On-going seizures
	worsening seizures.	heterotopia.	epilepsy (compound			
Asian			heterozygote mutation in			(26)
	Background learning	CSF no cells	ALDH7A1)			
	difficulties					
14 m M	Encephalopathy with	MRI: Cortical swelling	Mitochondrial disorder with	394	Not treated	Patient died
	prolonged seizures		POLG mutation			
Caucasian	r					

Table e-2. Clinical, paraclinical and immunological features of patients with VGKC-complex Abs levels under 400pM and primary inflammatory diagnoses

	Demo- graphics	Presentation	Investigations	Diagnosis	VGKC-complex- Ab (pM) and	Immunotherap y	Outcome
	grupines				additional		(Follow-up, months)
					antibodies		
1	9yr F	Encephalopathy, seizures	MRI: Increase leptomeningeal	Autoimmune	103	Not treated	Cognitive
	Asian		enhancement	encephalopathy			Behavior
			CSF: WCC 15				Seizures
							(48)
							, ,
2	16yr F	Encephalopathy, seizures, hallucinations	MRI: Signal change both hippocampi and amygdala,	Limbic encephalitis	107	Steroids, IVIG	Behavioral problems
	Caucasian	nanuemations	swelling of mesial temporal		TPO Abs 464		(51)
			structures.		IU/mL		
			CSF no cells				
3	13yr F	Muscle weakness and leg	Not done	Myositis.	112, hippocampal	Escalation of	Myositis resolved
	Caucasian	cramps			neurons positive	IT	(42)
		Background of scleroderma					
4	2yr F	Encephalopathy, seizures	MRI: Cortical restricted diffusion.	Autoimmune	113	Steroid,	Cognitive, behavior
	Caucasian	and movement disorder	CSF no cells	encephalopathy	TPO Abs 247	PLEX, IVIG	(20)
					IU/ml		

5	11yr F African Caribbean	Subacute onset weakness of both lower limbs with frequent falls	MRI: multiple high signal lesions in the brain and spine CSF: no cells, intrathecal OCB	Clinically isolated syndrome	126	Steroids	Clinical relapse (relapsing remitting multiple sclerosis) (26)
6	6yr M Asian	Ascending paralysis ophthalmoplegia and ataxia	MRI brain: Normal MRI spine: Diffuse thickening and enhancement of ventral and dorsal roots (cauda equina)	GBS Miller Fisher variant	130	Steroids	Full recovery (14)
7	13yr M African Caribbean	Encephalopathy, aphasia, hallucination, parkinsonism	MRI brain: Normal. PET reduce uptake in the cortex CSF no cells	Autoimmune encephalopathy	ASOT 400 IU, TPO Abs 235 IU/ml	Steroids IVIG	Full recovery (15)
8	10yr F African Caribbean	Encephalopathy, seizures, movement disorder	MRI brain: Widespread cortical signal change CSF no cells	NMDAR-Ab encephalitis	138, hippocampal neurons positive NMDAR abs	IVIG	Quadraparesis Visual failure Seizures (60)
9	15yr F African Caribbean	Leg weakness and sensory loss	Multiple shot segment myelopathy	Transverse myelitis	139	Steroids	Prolonged recovery course (27)

10	13yr F Asian 3yr F	Acute confusional state with strange behavior and hallucination and bradykinesia. Ataxia, urine incontinent,	MRI brain: Normal CSF no cells Reversible cerebellar signal	Autoimmune encephalopathy Autoimmune	140 ASOT 400 IU	Steroids Steroids	Relapse at 8months with good response to steroid (29) Emotional liability,
11	Caucasian	aphasia, seizure, hallucinations.	change. CSF no cells, mixed OCB	encephalopathy	149	Steroids	Behavioral problems (22)
12	2yr F Caucasian	Encephalopathy, confusion, seizures	MRI brain: Bilateral hippocampi and amygdala, swelling of mesial temporal structures. CSF no cells	Limbic encephalitis	156	Steroids	Full recovery (9)
13	4yr M Caucasian	Encephalopathy, seizures, hallucinations	MRI brain: Normal CSF no cells	Autoimmune encephalopathy	161	Steroids, IVIG, Azathioprine	On-going seizures. Cognitive (60)
14	9yr F Caucasian	Confusion, seizures, nystagmus, dysmetria and ataxia	MRI brain: Normal CSF no cells	Autoimmune encephalopathy	163	Not treated	Full recovery (23)
15	15yr F Caucasian	Relapsing chorea despite treatment with Pen V and valproate Background of SLE	MRI brain; Normal CSF no cells	Sydenham chorea.	175	MMF for SLE	On going (12)
16	16yr F	Weakness, unsteadiness and	EMG and nerve conduction study	Lambert-Eaton	175	Not treated	On going

	Caucasian	double vision	indicative of presynaptic neuromuscular junction defect	myasthenic syndrome			(63)
17	12yr F Caucasian	Encephalopathy, confusional state and seizures	MRI brian: Focal temporal cortical signal change CSF WCC 20	Limbic encephalitis	185	Not treated	Ongoing seizures and memory prob (60)
18	2yr M African Caribbean	Encephalopathy with disautonomia	MRI: bilateral signal change in the medulla and corticospinal tracts CSF no cells	Acute disseminated encephalomyelitis	265	Steroids	Full recovery (29)