

**Supplemental box1: Diagnostic criteria for definite autoimmune limbic encephalitis**

Diagnosis can be made when all four\* of the following criteria have been met:

- 1 Subacute onset (rapid progression of less than 3 months) of working memory deficits, seizures, or psychiatric symptoms suggesting involvement of the limbic system
- 2 Bilateral brain abnormalities on T2-weighted fluid-attenuated inversion recovery MRI highly restricted to the medial temporal lobes†
- 3 At least one of the following:
  - CSF pleocytosis (white blood cell count of more than five cells per mm<sup>3</sup>)
  - EEG with epileptic or slow-wave activity involving the temporal lobes
- 4 Reasonable exclusion of alternative causes

\*If one of the first three criteria is not met, a diagnosis of definite limbic encephalitis can be made only with the detection of antibodies against cell-surface, synaptic, or onconeural proteins.

†<sup>18</sup>F-Fluorodeoxyglucose (<sup>18</sup>F-FDG) PET can be used to fulfil this criterion. Results from studies from the past 5 years suggest that <sup>18</sup>F-FDG-PET imaging might be more sensitive than MRI to show an increase in FDG uptake in normal-appearing medial temporal lobes.

*Adapted with permission from Graus F, Titulaer MJ, Balu R, et al. A clinical approach to diagnosis of autoimmune encephalitis. Lancet Neurol. 2016;15(4):391-404. doi:10.1016/S1474-4422(15)00401-9*