Supplemental box 2: Criteria for autoantibody-negative but probable autoimmune encephalitis

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

1. Rapid progression (less than 3 months) of working memory deficits (short-term memory loss), altered mental status, or psychiatric symptoms

2. Exclusion of well-defined syndromes of autoimmune encephalitis (e.g., typical limbic encephalitis, Bickerstaff’s brainstem encephalitis, acute disseminated encephalomyelitis)

3. Absence of well characterized autoantibodies in serum and CSF, and at least two of the following criteria:
   • MRI abnormalities suggestive of autoimmune encephalitis*
   • CSF pleocytosis, CSF-specific oligoclonal bands or elevated CSF IgG index, or both*
   • Brain biopsy showing inflammatory infiltrates and excluding other disorders (e.g., tumor)

4. Reasonable exclusion of alternative causes

*Some inherited mitochondrial and metabolic disorders can present with symmetric or asymmetric MRI abnormalities