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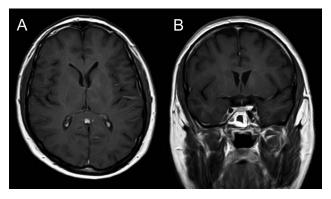
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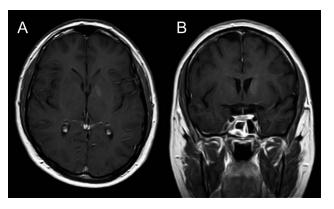
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Figure 1 Brain MRI



Axial (A) and coronal (B) postcontrast T1-weighted images show a lesion involving the left caudate and globus pallidus.

Figure 2 Brain MRI



Axial (A) and coronal (B) postcontrast T1-weighted images with reduction of contrast enhancement of the lesion involving the left caudate and globus pallidus.

A 30-year-old man developed right faciobrachial dystonic seizures (FBDS). Ictal and interictal EEGs were normal. CSF analysis was unremarkable. Brain MRI revealed a gadolinium-enhancing lesion involving the left caudate and globus pallidus (figure 1). Leucine-rich glioma inactivated protein 1 (LGI1) antibodies were detected in the serum. Total-body CT scan revealed no malignancies. The patient underwent 5 cycles of plasmapheresis followed by long-term steroid therapy with complete benefit. A brain MRI performed after 5 months showed reduction of contrast enhancement (figure 2). LGI1, a secreted protein complexed with voltage-gated potassium

channels, is highly expressed in the neocortex and hippocampus.² *LGI1* mutations have been described in patients with autosomal dominant partial epilepsy with auditory features (ADPEAF). Our patient had no clinical features of ADPEAF. Whether FBDS can be classified as epilepsy or dystonia is a matter of debate.³ The involvement of basal ganglia described in our patient can be relevant to the ongoing debate.

AUTHOR CONTRIBUTIONS

Dr. D. Plantone, Dr. Renna and Dr. Iorio: drafting/revising the manuscript, study concept or design, analysis or interpretation of data, acquisition of data, study supervision. Dr. Grossi and Dr. F. Plantone:

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drafting/revising the manuscript, study concept or design, analysis or interpretation of data.

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DISCLOSURE

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