Retrospective study conducted between January 2012-December 2019.

35 pediatric patients with confirmed or suspected viral encephalitis.

20 patients treated with IVIg AND conventional therapy (IVIg-treated group), and 15 patients treated with conventional therapy (non-IVIg-treated group).

Clinical features and outcomes compared.

Key Message:
In this retrospective observational study, the IVIg-treated group had a more critical clinical condition at admission than the non-IVIg-treated group, and hence were chosen to give IVIg treatment. Clinical outcomes of both groups were comparable.

Conclusion:
IVIg may be considered as a potential immunomodulating agent when treating critical pediatric viral encephalitis to improve neuropsychological outcomes.

Expert Comment:
Literature suggests that there is some evidence for the beneficial 'adjunctive' role of IVIg in children with infectious encephalitis. Studies need to define the cases, include all etiologies and define core outcomes. The first, multicentric RCT across UK is underway to evaluate the effect of early IVIG in all forms of encephalitis in children.

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Reference: