2. improving the quality of life of the children and their families and carers.

Methods A literature search, with strict inclusion criteria, was done of the Cochrane Library, PubMed, and NICE guidelines, and articles were cross-referenced. The articles included were then critically appraised.

Results There are currently no evidence-based clinical guidelines to advise doctors, patients and their families appropriately about oral feeding versus gastrostomy feeding for children with cerebral palsy. Analysis of the articles included in this review consistently supported gastrostomy as being beneficial compared with oral feeding for most, though not all, of the children in these studies, and their families. Nutritional status, subcutaneous fat deposition, weight gain, limb growth, and the number of hospital admissions for chest infections improved in children with gastrostomy tube insertion, and this improvement was significant and clinically important. Moreover, the majority of carers reported that, after gastrostomy insertion, children felt better, were more sociable, had improved general health, and that family life was improved with feeding being made easier and quicker.

Conclusion Gastrostomy tube feeding remains an important alternative nutritional source for children with cerebral palsy. It has consistently been shown to be beneficial at improving not only weight gain and growth, but also the quality of life for both the child and their carers in the long-term. However, there has been individual variability with regard to carers’ perceptions of gastrostomy feeding, and mothers can often initially express a feeling of culpability for their child’s poor growth and the need for gastrostomy surgery as a failure on their part. Each case needs to be viewed in the context of the social and cultural belief systems of each child’s family, and multi-disciplinary support is therefore needed in order to help families with the decision-making process on a case-by-case basis. Furthermore, in the absence of guidelines currently, clinicians must be aware of the current “best evidence” to inform individual choice on gastrostomy as an aid to feeding.
FOCAL SEIZURE, HEMIPARASIS, HEMIPLAGIA AND HEMIPLAGIA

Autoimmune encephalitis is an increasingly recognised cause for a combination of symptoms of seizures, disturbance of memory, behaviour and cognition. Other manifestations include acute onset movement disorders, unexplained encephalopathy and refractory status epilepticus. N-methyl aspartate (NMDA) encephalitis and voltage gated potassium channel mediated (VGKC) limbic encephalitis are the two commonest causes of autoimmune encephalitis. These children initially present to general paediatricians therefore it is vital to consider this in the differential diagnosis of infective encephalitis as prompt recognition, investigation and immune therapy determines longterm outcome. Early recognition and treatment can potentially halt temporal lobe atrophy and improve outcome.

We report a 14 year old girl who presented with symptomatic, intermittent memory loss, behaviour disturbance, fatigue and cognitive change with limbic encephalitis. Initial investigations revealed negative PCR for HSV, EBV. Brain imaging detected mesial right temporal high signal area in FLAIR sequences. EEG showed epileptic inter-ictal focal abnormality over right frontal mesial temporal region. NMDA, VGKC, Anti GAD, Hu, Ma, CV2, CRMP5 and thyroid antibodies were negative. Screening for tumour with baseline abdominal ultrasound and CXR were negative. Baseline WISC testing prior to starting medications revealed her immediate memory for verbal information was in the low average range (verbal immediate index score:82,12th percentile) and her time delayed recall verbal information was in the impaired range (verbal delayed index score:72, 3rd percentile). She was treated with iv methylprednisolone. Repeat WISC assessment is due in 6 months.

Limbic encephalitis should be considered in children with prominent neuropsychiatric manifestation of encephalitis. Her future MRI reports will determine the 3 month and 6 month