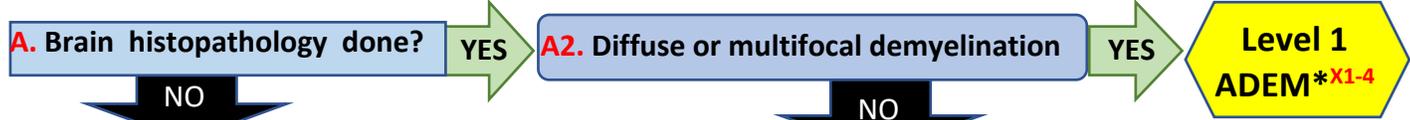
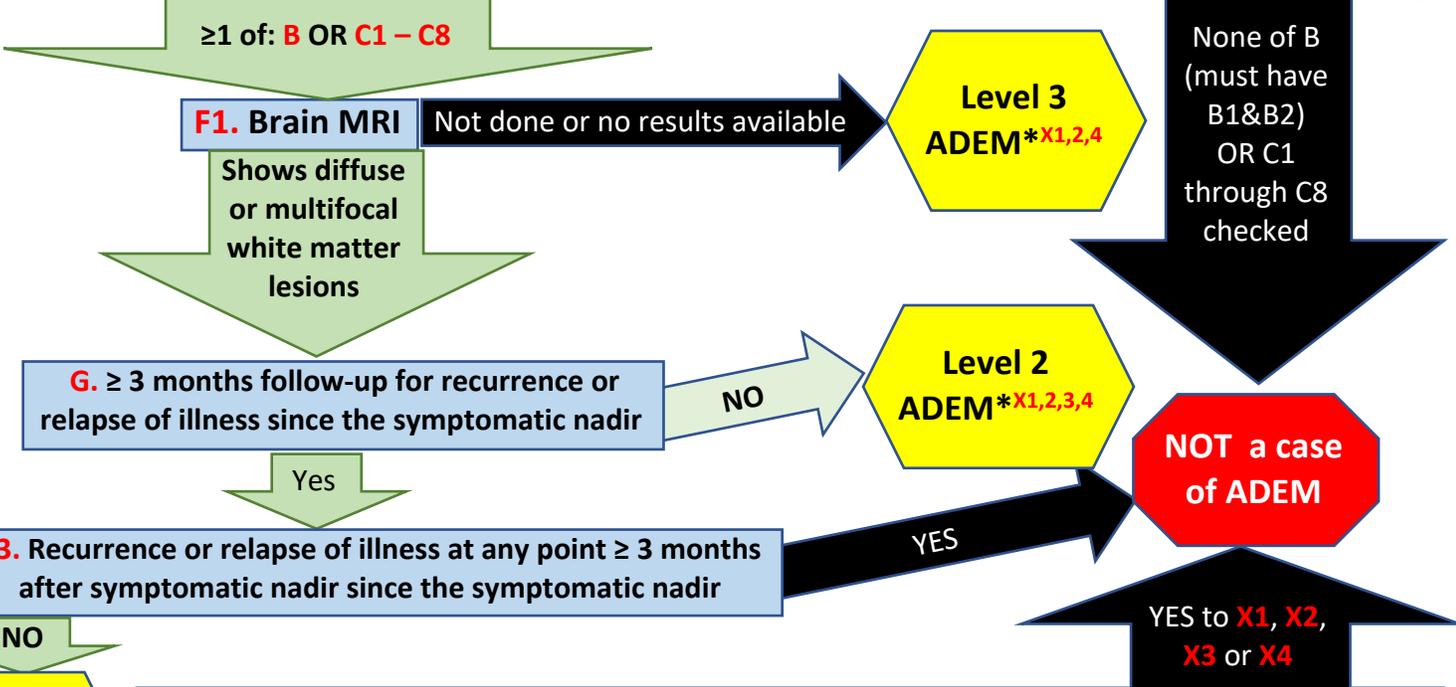


ADEM may be hard to distinguish from encephalitis (criteria B & C are identical) plus demyelination on brain MRI doesn't rule encephalitis out, so the encephalitis algorithm should be used to assess level of certainty(LOC). If myelopathy present assess LOC for myelitis using that algorithm. If case meets both level 3 ADEM & encephalitis classify as level 3A. ADEM level 1 trumps level 2/3 encephalitis/myelitis.



- Focal/Multifocal CNS Abnormalities: check all that apply**
- B. Encephalopathy: must meet both B1 AND B2**  
**B1:** >24 hours or at least 1 of the following: lethargy OR personality change OR depressed level of consciousness OR altered level of consciousness  
**B2:** ≥1 of: i. decreased/absent response to loud noise or painful stimuli; ii. inconsistent or absent response to other external stimuli; iii. decreased or absent eye contact; iv. decreased arousability; v. seizure associated with loss of consciousness.
  - C1.** ≥1 focal cortical sign (≥1 of: aphasia/dysphasia, alexia, agraphia, acalculia, agnosia, agraphesthesia, apraxia, aprosodia, asternognosia, cortical blindness, disconnection/neglect syndrome)
  - C2.** Cranial nerve dysfunction (≥1 abnormality for any of the 12 cranial nerves)
  - C3.** Visual field defect present (e.g. central scotoma, hemianopia, quadrantopia)
  - C4.** ≥1 primitive reflex present (Babinski sign, Hoffman's sign; glabellar, snout, sucking, rooting, or palmomental reflex; palmar grasp)
  - C5.** Motor weakness (arm +/- or leg; uni- or bi-lateral)
  - C6.** Sensory abnormalities
  - C7.** Altered deep tendon reflexes (can be absent, decreased or increased)
  - C8.** Cerebellar dysfunction (≥1 of: ataxia, dysmetria, dysdiadochokinesis, cerebellar nystagmus, intention tremor)



\* Exclusion criterion for ADEM even if other findings meet level 1, level 2 or level 3:

- X1.** Other diagnosis confirmed(cancer, toxic/metabolic encephalopathy, trauma, vascular disorder)
- X2.** MRI or histopathological data inconsistent with ADEM
- X3.** Recurrence or relapse of illness at any point ≥3 months after symptomatic nadir
- X4.** Proven acute infectious etiology (ADEM may be preceded by an infectious illness but is ruled out if there is a concurrent infection that could explain the current neurologic illness.)