

**Supplementary Table.** Reported cases of new-onset refractory status epilepticus treated with plasma exchange, and the present case

Study	Patient number	Age (years)	Sex	Type of seizures	Auto-antibody	Immunotherapy besides PLEX	Final immunotherapy	Seizure control by PLEX	Long-term outcome
Aladdin and Shirah <sup>1</sup> (2021)	1	42	F	CSE	Cryptogenic	Steroid	PLEX	Yes	Dramatic improvement, follow-up possible, antiseizure medications tapering
Monti et al. <sup>2</sup> (2020)	2	50	M	CSE	Anti-NMDA R	Steroid, IVIG	PLEX, IVIG	Yes	Autonomous without neurological deficits
Mizutani et al. <sup>3</sup> (2019)	3	30	M	CSE	Cryptogenic	Steroid, IVIG	PLEX	Yes	Transferred to a rehabilitation hospital and discharged home
Koh et al. <sup>4</sup> (2018)	4	18	M	CSE	Neurexin-3 $\alpha$	Steroid, IVIG	IVIG	Fluctuation	Brain death
Shrivastava et al. <sup>5</sup> (2017)	5	24	F	CSE	Cryptogenic	Steroid	PLEX	Yes	Regular follow-up, no neurologic deficit
Kaplan and Probasco <sup>6</sup> (2017)	6	29	F	TSE	Anti-NMDA R	Steroid, rituximab	Rituximab	Yes	Back to work, antiseizure medication tapering
Yamamoto et al. <sup>7</sup> (2014)	7	35	M	NCSE, CSE	Cryptogenic	Steroid, IVIG	PLEX	Yes <sup>a</sup>	Able to walk and converse, transferred to a rehabilitation hospital
Hainsworth et al. <sup>8</sup> (2014)	8	23	M	NCSE, CSE	GABA(B)-R	Steroid, IVIG, ituximab	Rituximab, steroid	Yes	Working memory dysfunction, continuous improvement
Li et al. <sup>9</sup> (2013)	9	43	F	NCSE	Cryptogenic	Steroid	PLEX	Yes	Mildly impaired memory
Li et al. <sup>9</sup> (2013)	10	51	M	NCSE	Cryptogenic	None	PLEX	Yes	Short-term memory loss, unable to return to work
Li et al. <sup>9</sup> (2013)	11	39	F	NCSE	Cryptogenic	Steroid, IVIG	PLEX	Yes	To hospice, death secondary to bowel necrosis
Kirkpatrick et al. <sup>10</sup> (2011)	12	19	F	NCSE	Anti-NMDA R	Mediastinal teratoma resection, rituximab, steroid	NA	Yes	Near her previous baseline, back in college with a B average
Van Lierde et al. <sup>11</sup> (2003)	13	19	F	MFSE	Cryptogenic	Steroid	NA	NA	Severe physical and cognitive impairment
Van Lierde et al. <sup>11</sup> (2003)	14	26	F	MFSE	Cryptogenic	Steroid	NA	No	Death during the course of status epilepticus
The present case	15	45	F	CSE, NCSE	Cryptogenic	Steroid, IVIG, rituximab, tocilizumab	PLEX	Yes	To convalescent hospital, death by unknown cause

PLEX; plasma exchange, F; female, CSE; convulsive status epilepticus, M; male, anti-NMDA R; anti-N-methyl-D-aspartate receptor, IVIG; intravenous immunoglobulin, TSE; tonic status epilepticus, NCSE; nonconvulsive status epilepticus, GABA(B)-R; gamma-aminobutyric acid B receptor, NA; not available, MFSE; multifocal status epilepticus.

<sup>a</sup>Controlled by combination therapy of PLEX and IV thiamylal and lidocaine.

## SUPPLEMENTARY REFERENCES

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