A Case of Chronic Inflammatory Demyelinating Polyneuropathy: A Reminder

Kronik İnflamatuvar Demiyelinizan Polinöropati Olgusu: Bir Hatırlatma

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Anahtar Kelimeler: Poliradikülonöropati, kronik inflamatuvar demiyelinizan, spinal sinir kökleri, manyetik rezonans görüntüleme.
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We report herein a 29-year-old female who was referred to our hospital with the complaints of numbness and weakness that had started two months before, first in the feet and then extending to the arms. On examination, pes cavus anomaly was observed, and decreased sensation was found in the extremities. Cervical and lumbar magnetic resonance imaging (MRI) showed thickening and enhancement in nerve roots and cauda equina fibers (Figures 1-3). Due to the presence of pes cavus anomaly, a genetic study was conducted. Deletion of PMP22 was not detected. Electromyography (EMG) findings supported demyelination. Clinical, MRI, electrophysiological, and

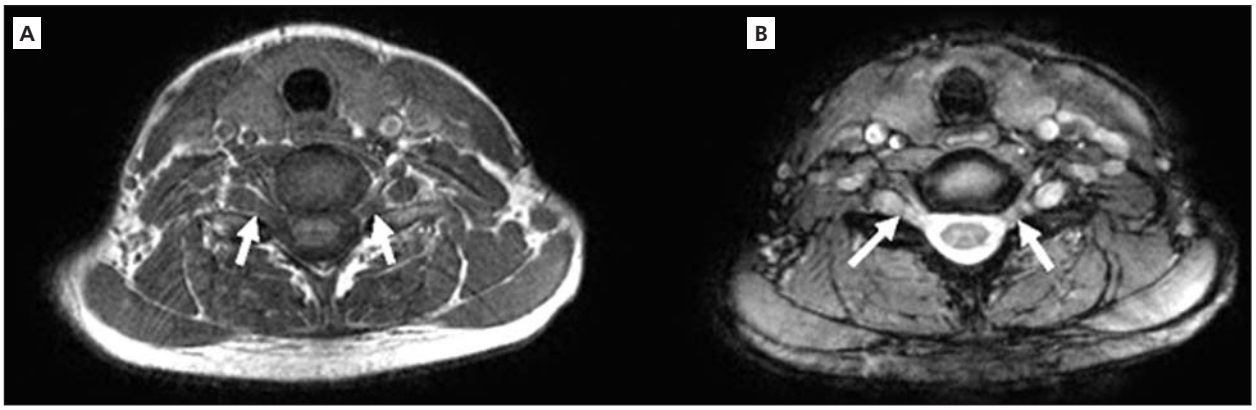

Figure 1. Axial T1-weighted image **(A)** and T2-weighted image **(B)** through the cervical spine show symmetric marked hypertrophy of spinal nerve roots (arrows).

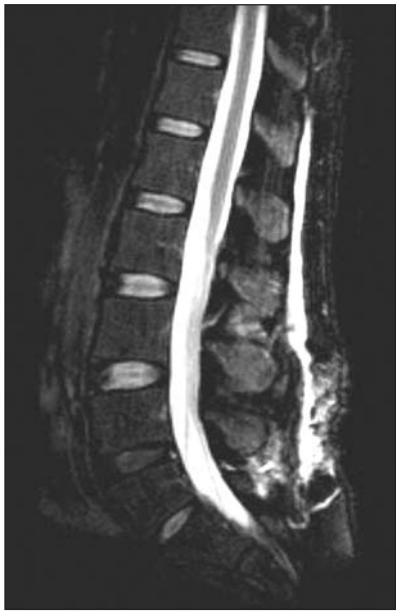

Figure 2. Sagittal T2-weighted image demonstrates thickening of cauda equina fibers and spinal nerve roots. Signal changes relating to a previous operation are also seen in the cutaneous-subcutaneous region.

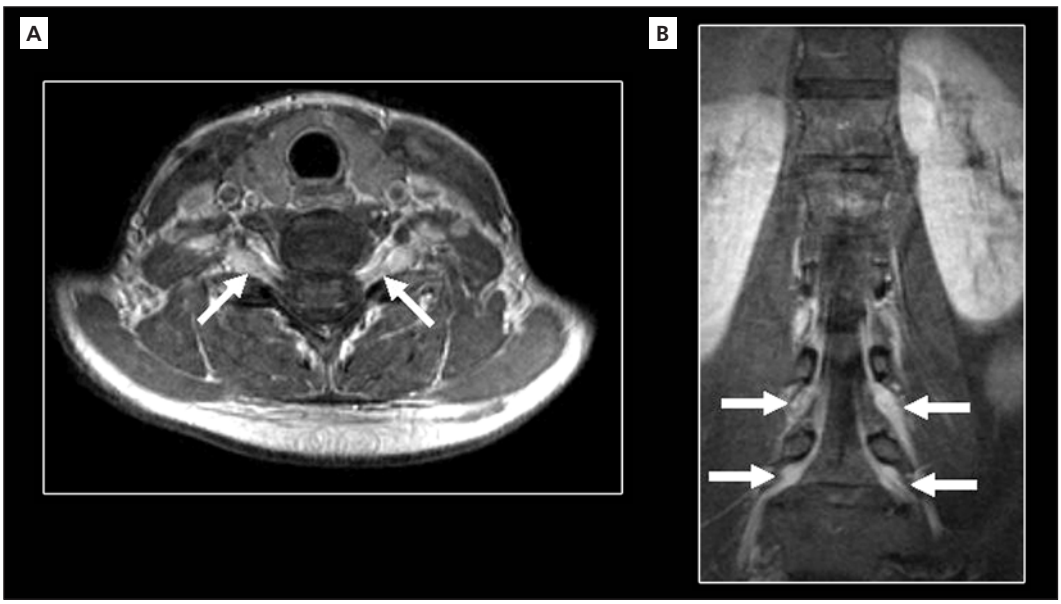

Figure 3. Axial T1-weighted post-contrast image, at the approximate level of Figure 1, demonstrates enhancing cervical spinal nerve roots (arrows) **(A)**. Diffuse thickening and enhancing of nerve roots are exhibited on T1-weighted post-contrast image (arrows) **(B)**.

cerebrospinal fluid (CSF) findings supported chronic inflammatory demyelinating polyradiculoneuropathy (CIDP). The patient was given intravenous immunoglobulin treatment for one week, and clinical findings regressed following the treatment. CIDP is a chronic peripheral nerve disease in which selective myelin damage occurs (1). It is characterized by a sensorimotor disorder in the extremities that shows a course with recovery and relapse periods.

REFERENCE

1. *Tazawa K, Matsuda M, Yoshida T, Shimojima Y, Gono T, Morita H, et al. Spinal nerve root hypertrophy on MRI: clinical significance in the diagnosis of chronic inflammatory demyelinating polyradiculoneuropathy. Intern Med 2008;47:2019-24.*

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