New study in Electrophysiological & Nerve Ultrasound Parameters in Distinguishing Acute-onset Chronic from Acute Inflammatory Demyelinating Polyneuropathy.

European Neurological Review, a peer-reviewed, open access, bi-annual neurology journal publish cutting-edge article by Antonios Kerasnoudis, Kallia Pitarokoili, Ralf Gold and Min-Suk Yoon.

(PRWEB UK) 1 June 2015 -- Abstract: History-taking and nerve conduction studies are fundamental for the diagnosis and assessment of the severity of acute (AIDP) or chronic inflammatory demyelinating polyneuropathy (CIDP). The diagnostic challenge of distinguishing these two immune-mediated subacute polyradiculoneuropathies remains high, as intravenous immunoglobulin and steroids exert short-term clinical improvement in the majority of the CIDP cases, whereas steroids have no effect on AIDP patients. Accordingly, the precise classification of subacute polyradiculoneuropathies significantly affects the early application of steroids in CIDP. This review aims to give a timely update on the application of clinical, electrophysiological and nerve ultrasound parameters in distinguishing subacute CIDP from AIDP.

Acute inflammatory demyelinating polyneuropathy (AIDP) is an acute monophasic polyradiculoneuritis whose incidence ranges from 0.89 to 1.89 cases (median, 1.11) per 100,000 person-years in Western countries.1,2 Chronic inflammatory demyelinating polyneuropathy (CIDP) is a common, albeit underdiagnosed and potentially treatable, disease having an estimated prevalence of 1.2–2.3 per 100,000.3 Although CIDP symptoms do not usually reach their most severe until at least 2 months from disease onset,4–6 about 16% of patients may have subacute onset and a monophasic course.6–8

In view of the therapeutic options, intravenous immunoglobulin (IVIg) and steroids exert short-term clinical improvement in approximately 60% of CIDP cases, whereas steroids have no effect on AIDP patients.9–12 Although plasmapheresis is an attractive therapy option for non-responders to IVIg, it is not always easy to perform, is often related to complications (because of thrombosis of venous catheter, sepsis, etc.) and is not ubiquitously available.13 Thus the precise aetiological classification of subacute polyradiculoneuropathies significantly affects the early application of steroids in CIDP. This review aims to give a timely update on the application of clinical, electrophysiological and nerve ultrasound parameters in distinguishing subacute CIDP from AIDP.

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