ACUTE-ONSET CIDP OR GBS-TREATMENT RELATED FLUCTUATIONS?A DECISION TO BE MADE

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INTRODUCTION Guillain-Barre syndrome(GBS) and chronic inflammatory demyelinating polyneuropathy(CIDP) have strict diagnostic criteria,that most importantly include the time to reach nadir and the course of disease progression.Nevertheless,16% of CIDP patients have a rapid deterioration within 8 weeks,followed by chronic course, the so called acute CIDP(A-CIDP).8-16% of GBS patients have 1 or more deteriorations after initial improvement ,following treatment,described as treatment related fluctuations(TRF).
CASE REPORT A 39-years old male was admitted due to progressive proximal weakness-areflexia and paresthesiae of the lower limbs.He had a history of respiratory infection 20 days before.Within two days,the weakness ascended to affect all 4 extremities,both facial nerves and lower cranial nerves.CSF analysis showed cell albumin dissociation and GBS was highly suspected.Intravenous immunoglobulin(IVIg) started for 5 days and he progressively improved,within 10 days.After a week,he deteriorated developing quadriplegia,autonomic dysfunction and he was intubated, due to respiratory failure.The electophysiological study revealed axonal damage and complete dennervation.He was retreated with IVIg for 5 days. Respiratory function improved, but 6 months after his admission,was unable to walk.
DISCUSSION Distinguishing between A-CIDP and GBS-TRF is a matter of ongoing research.Recent prospective studies are trying to set prognostic and diagnostic criteria.The diagnosis of A-CIDP should be considered when a patient thought to have GBS deteriorates again,beyond 8 weeks from onset or when this occurs 3 times or more.Patients with sensory disturbances,no history of diarrhea,proximal onset of weakness are at risk of developing TRF.Our patient was diagnosed with GBS-TRF and he was retreated with IVIg.It is important to distinguish between these entities ,because treatment strategies and prognosis differ.