REZUMATE

PECULIARITIES OF ATYPICAL FORMS OF CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHIES

Eugen Gavriliuc[1], Victor Nemțan[1], Liuba Munteanu[1], Vitalie Lisnic[1], Octavian Misic[1],
1. State Medical and Pharmaceutical University „Nicolae Testemitanu", Chisinau, Moldova

Introduction. There are still not yet known typical clinical and laboratory peculiarities of atypical chronic inflammatory demyelinating polyneuropathy (CIDP), ranging from only sensitive symptoms without weakness to asymmetric motor deficit. Recent epidemiological data do not clearly elucidate the percentage of cases with atypical CIDP from total CIDP types. Electrophysiological examination of nerve conduction, the gold standard in diagnosing demyelinating polyneuropathies has low sensibility for atypical forms of CIDP, that's why it's necessary to identify new ways of diagnosis.Often the clinical picture of an atypical CIDP can simulate idiopathic axonal polyneuropathy, losing opportunity of proper immunomodulation treatment with subsequent resolution of symptoms. The purpose of this study was determining the criteria for clinical and laboratory diagnosis of atypical CIDP towards an early immunomodulation.

Material and methods. The study included 30 patients with atypical CIDP and 30 patients with typical CIDP. All patients underwent nerves conduction studies (NCS), blood was drawn for biochemical tests, also electrophoresis and serum protein immunofixation. Peroneal nerve biopsy was performed in 9 patients (4 with atypical CIDP and 5 patients with typical CIDP). Overall Neuropathy Limitation Scale questionnaire (ONLS) was used for the assessment of functional disability in all patients.

Results. The mean value ONLS within atypical CIDP was 2.43 ± 0.29 points, lower compared to typical CIDP- 4.17 ± 0.24 points. Monoclonal gammopathies were found in 13 patients, representing 22% of patients with CIDP. Demyelinating criteria most frequently observed in the biopsy material is decreased number of myelinated thick fibers.

Conclusions. NCS is not a gold standard for diagnosis atypical sensory CIDP. According to ONLS scale, atypical CIDP are less disabling compared with typical CIDP. Peroneal nerve biopsy within CIDP is performed only when electrophysiological studies do not elucidate demyelination criteria.

Key words: atypical demyelinating polyneuropathy, biopsy, diagnostic criteria