

Hypertrophy of Cervical and Lumbosacral Roots and Plexuses in Chronic Inflammatory Demyelinating Polyradiculoneuropathy

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Abstract: We report an interesting image finding of marked hypertrophy of cervical and lumbosacral nerve roots and plexuses in a patient with Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP).

Keywords: Nerve root hypertrophy, chronic inflammatory demyelinating polyradiculoneuropathy.

INTRODUCTION

A 43-year old woman presented with a 5-year history of CIDP. Clinical examination revealed mild proximal and distal weakness, areflexia, and distal sensory loss of pain and vibration. Diagnosis was confirmed by unequivocal demyelinating features on nerve conduction studies, albuminocytologic dissociation in cerebrospinal fluid analysis with markedly elevated protein (1.82 g/l). Malignancy, vasculitis, and autoimmune workup was unremarkable. Magnetic resonance imaging (MRI) showed diffuse symmetric hypertrophy and enhancement of cervical and lumbosacral nerve roots and plexuses (figure). She responded to intravenous immunoglobulin, prednisone and mycophenolate mofetil. Although, it was not tested in our patient, diffuse symmetric nerve root hypertrophy has been reported as a distinguishing feature of anti-neurofascin 155 (NF-155) antibody positive CIDP.¹

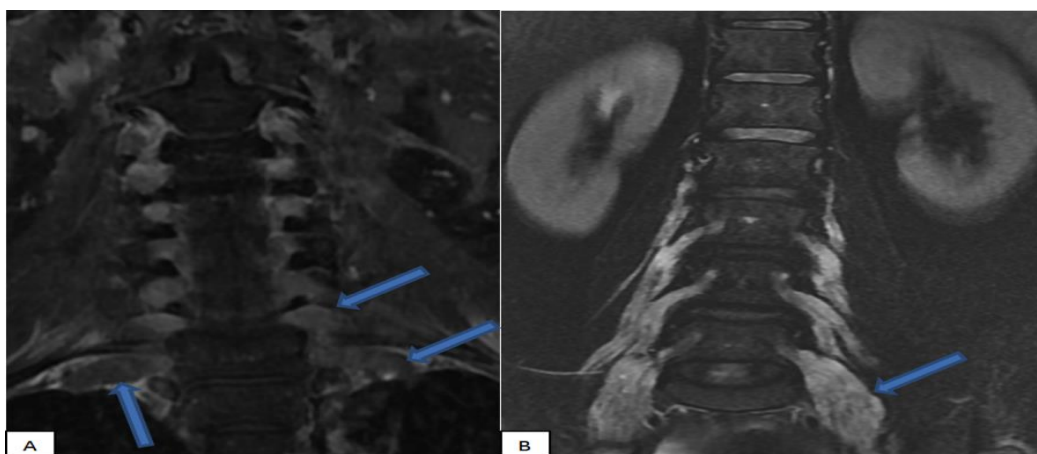


Figure: MRI of cervical (A) and lumbosacral (B) segments demonstrating significant thickening and enhancement of the nerve roots and plexuses (arrows).

REFERENCES

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