

# GUIDE

## *Other Chronic Variants*

This series of guides is produced by the Guillain-Barré Syndrome Support Group. We are a registered charity that supports those affected by the Guillain-Barré syndrome (GBS) and related conditions in the United Kingdom and the Republic of Ireland. The related conditions include chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) and Miller Fisher syndrome (MFS).

Our guides are easily downloaded from our Web site at [www.gbs.org.uk](http://www.gbs.org.uk) in PDF format and may be both read and printed using free Adobe Reader software. Alternatively, you can request printed copies from our office.

**For information and support, ring our helpline on 0800 374 803**

**In the Republic of Ireland, call 0044 1529 415278**

### **Paraproteinaemic demyelinating neuropathy**

Paraproteinaemic demyelinating neuropathy (PDN) is sometimes described as:

- chronic demyelinating neuropathy associated with a benign paraprotein;
- CIDP associated with paraprotein;
- CIDP with paraproteinaemia.

Antibody-producing bone marrow cells go out of control and produce large numbers of the same antibody. The antibody (or immunoglobulin) sometimes damages nerve fibres causing a peripheral neuropathy.

Some doctors regard the clinical, electrophysiological and pathological features of the demyelinating paraproteinaemic neuropathies and of CIDP as closely similar and almost indistinguishable.

These neuropathies are usually late-onset in terms of age and are mixed motor and sensory, although the severity of sensory loss tends to be greater compared with CIDP. So there is usually more pain but less severe weakness and impairment.

Most patients respond to corticosteroids, cytotoxic drugs, or plasma exchange.

Group member Ken Sawyer has created a Web site of information on PDN. The GBS Support Group accepts no responsibility for linked sites.

## **Multifocal motor neuropathy**

Multifocal motor neuropathy (MMN) mimics motor neurone disease (MND/ALS). Research has shown it to be a chronic demyelinating neuropathy and some regard it as a rare variant of CIDP. However, there are differences that are more prominent than the similarities.

MMN patients commonly have asymmetric weakness of the distal (far) muscles, while in CIDP, proximal (near) symmetric weakness is more common. The remitting and relapsing course that may occur in CIDP is uncommon in MMN. Patients with MMN rarely have significant sensory symptoms, unlike CIDP. Increased protein level in the cerebrospinal fluid of MMN patients is rare.

Treatment by IVIg or cyclophosphamide is shown to be effective.

## **Lewis-Sumner syndrome or MADSAM**

The Lewis-Sumner syndrome is also known as MADSAM — multifocal acquired demyelinating sensory and motor neuropathy. It is a chronic condition with similarities to multifocal motor neuropathy but with enough differences, especially in treatment, to have acquired its own definition. Some report it to be an asymmetrical variant of CIDP.

MMN and MADSAM respond to IVIG. Some MADSAM sufferers respond to prednisolone whilst most MMN sufferers do not.

## **Chronic axonal neuropathy**

Chronic axonal neuropathies are common, particularly as a result of diabetes or alcoholism. However, the medical literature does report cases of immune-mediated chronic axonal neuropathy though there are suggestions that this is a secondary result of myelin damage that ultimately appears to be the primary cause of the condition.

## **Sub-acute inflammatory demyelinating polyradiculoneuropathy (SIDP)**

GBS is defined when the nadir (worst point) occurs within four weeks of first symptoms. Usually it is much less. CIDP is defined when the nadir comes after eight weeks. Usually it takes much longer. An illness peaking after four weeks but before eight weeks may be called subacute etc and will be treated as CIDP or GBS depending on which it best resembles.

If after reading this guide you still have anxieties and unanswered questions, telephone our helpline on 0800 374803 (UK) or 0033 1529 415278 (RoI). Alternatively, you can e-mail us or register for support on-line

The GBS Support Group is a registered charity and receives neither government nor Lottery funding. If you have found this guide helpful and would like to help us to continue publishing copies for others affected by GBS and its related conditions, please consider making a donation to the Support Group. Secure donations may be made on line. Alternatively you can request a form from our office.

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