Figure. Sagittal (A through C) and parasagittal MR slices of the lumbar spine in a patient with chronic inflammatory demyelinating polyradiculoneuropathy. (A) T2-weighted image, showing lack of regular fluid-isointense signal, due to swollen cauda equina fibers (arrows). (B) Corresponding T1-weighted, fat-saturated image. Diffuse cauda equina enhancement (arrows) is depicted, indicating inflammation. (C) Parasagittal T1-weighted, fat-saturated image. Enlarged and enhancing root fibers are shown, exiting the neuroforamen (arrows).

CIDP-induced spinal canal obliteration presenting as lumbar spinal stenosis

Gerd Diederichs, MD; Jan Hoffmann, MD; and
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A 59-year-old woman with chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) in long-lasting remission presented with symptoms of lumbar spinal stenosis. Weakness in the lower limbs as well as hypesthesia and decreased sense of vibration in the L5/S1 segment were noted.

MRI of the spine (figure) revealed lumbar spinal canal stenosis due to pronounced enlargement of cauda equina fibers and bilat-

eral thickening of the lumbar nerve roots. Fat suppressed postcontrast T1-weighted images showed nerve root and pial enhancement as reported previously.¹

The diagnosis of CIDP was confirmed by characteristic findings in electrophysiologic as well as CSF studies.² Electrophysiologic findings included abnormal conduction velocity, prolonged F-wave latencies, and partial conduction block. CSF studies depicted an elevated CSF protein concentration (84.6 mg/dL) without pleocytosis.

The patient was treated with IV corticosteroids and rapidly responded with complete remission of the radicular pain and major improvement of the hypesthesia.

Disclosure: The authors report no conflicts of interest.

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