Figure. Gadolinium-enhanced axial and sagittal T1-weighted images of the brain of a patient with long-term CIDP, showing bilateral nerve root hypertrophy of the trigeminal nerves.

Hypertrophic cranial nerve roots in CIDP

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A 61-year-old man presented with painful dysesthesia/dysarthria (3 months) and sensorimotor impairment (13 years). Chronic inflammatory demyelinating polyradiculoneuritis (CIDP) was confirmed 4 years earlier by electrophysiological study and sural nerve biopsy. Examination revealed extremity atrophy, cranial nerve involvement (bilateral ophthalmoparesis, facial palsy, and

tongue atrophy), absent deep tendon reflexes, impaired deep sensation, preserved superficial sensation, and impalpable peripheral nerves.

MRI demonstrated bilateral nerve root hypertrophy of the oculomotor, trigeminal (figure), abductor, and facial nerves, illustrating the relationship between long-term CIDP and nerve root hypertrophy.¹⁻² Long-term CIDP should be considered in the differential diagnosis of cranial nerve hypertrophy.

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