Teaching NeurolImages: Hypertrophic polyneuropathy

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Neurology® 2020;95:e779-e780. doi:10.1212/WNL.00000000000010025

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Figure Fat-suppressed T2-weighted MRI of the lumbar plexus

MRI demonstrates striking symmetrical thickening and abnormal signal of the lumbar plexus and imaged peripheral nerves (arrows: thickened sciatic nerves).

A 75-year-old man previously diagnosed with multiple sclerosis presented with a 20-year history of therapy-resistant progressive upper and lower limb weakness and sensory deficits. Examination found hand interossei muscle wasting, thickened radius and ulna nerves, and reduced distal lower limb strength. Neurophysiology revealed a sensorimotor polyneuropathy with demyelinating features. MRI showed hypertrophic nerves and nerve roots in the lumbosacral plexus (figure). Charcot-Marie Tooth disease (CMT) and chronic inflammatory demyelinating polyneuropathy (CIDP) are the leading causes of hypertrophic polyneuropathy. Other causes include leprosy, neurofibromatosis and amyloid deposition. In this case, genetic screening was negative for CMT, suggesting probable CIDP.

Study funding

No targeted funding reported.

Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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Name	Location	Contribution
Luke Dixon, MBBS, FRCR	Queen Square, London, UK	Interpreted the data, drafted the manuscript for intellectual content
Sachit Shah, MBBS, FRCR	Queen Square, London, UK	Interpreted the data, revised the manuscript for intellectual content

Neurology®

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Neurology 2020;95:e779-e780 Published Online before print July 8, 2020

DOI 10.1212/WNL.0000000000010025

This information is current as of July 8, 2020

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