

Concurrent Central and Preperhal Demyelination-CIDP and RRMS: A Case Report

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Background: Demyelinating diseases usually affect either the central nervous system (CNS) or peripheral nervous system (PNS). CNS and PNS demyelinating diseases rarely occur in same individual. There are few case reports about central and peripheral demyelination occurring simultaneously or sequentially. Case report: This is the case of a 48-year-old lady who has been diagnosed with relapsing–remitting multiple sclerosis (RRMS) since age 27 years. She presented initially with unsteadiness of gait followed by motor and sensory symptoms over 2 years. She was initiated on interferon beta 1a injections, which was escalated to fingolimod due to clinical and radiological relapses. In May 2015, 20 years after the onset of MS, while on fingolimod, she noticed bilateral lower limb weakness, with examination reveal-ing areflexic weakness with distal sensory loss. Magnetic reso-nance imaging (MRI) of brain and spine with contrast did not show any new lesion. Nerve conduction study showed demyeli-nating sensory and motor polyneuropathy, with conduction blocks affecting her lower limbs more than upper limbs. She was diag-nosed as chronic inflammatory demyelinating polyneuropathy (CIDP), and intravenous (IV) immunoglobulin (IG) was started, following which her symptoms resolved. Currently, she is receiv-ing monthly bolus IV IG with no more exacerbation of CIDP or MS for the last 2 years.

Conclusion: Association of CIDP with multiple sclerosis is rare; however, it needs to be recognized early, as it is a treatable dis-ease. Thorough examination should be performed in patients with MS presenting with neurological deterioration to differentiate relapses from peripheral demyelination. Absence of MRI lesions should not be diagnosed as pseudo relapse unless other causes of neurological deterioration are ruled out.