

## PubMed

U.S. National Library of Medicine  
National Institutes of Health



Display Settings: Abstract

[Arch Neurol.](#) 2002 May;59(5):751-7.

# Diabetic demyelinating polyneuropathy responsive to intravenous immunoglobulin therapy.

Sharma KR, Cross J, Ayyar DR, Martinez-Arizala A, Bradley WG.

Department of Neurology, University of Miami School of Medicine, 1150 NW 14th St, Room 603, Miami, FL 33136, USA.  
ksharma@med.miami.edu

**BACKGROUND:** There is growing evidence that idiopathic chronic inflammatory demyelinating polyneuropathy (CIDP) and polyneuropathy in patients with diabetes mellitus (DM) that meets the electrophysiological criteria for CIDP (DM-CIDP) have many similarities. **OBJECTIVE:** To evaluate whether DM-CIDP responds to intravenous immunoglobulin (IVIG) therapy. **PATIENTS AND METHODS:** Twenty-six patients (mean [SD] age, 64 [8.9] years; age range, 40-80 years) with type 2 DM ( $n = 25$ ), who met the electrophysiological criteria for CIDP, were given IVIG therapy (400 mg/kg body weight per day for 5 days) in a prospective open-label pilot study. All patients had quantitative evaluation using the Neuropathy Impairment Score at baseline and at the end of 4 weeks from the initiation of IVIG therapy. **RESULTS:** The mean Neuropathy Impairment Score improved significantly from baseline (mean [SD], 61.5 [26.0] points) to the end of the fourth week (33 [29.6] points;  $P < .001$ ). This clinically significant improvement occurred in 21 (80.8%) of the 26 patients. Conduction block occurred in 11 (42.3%) of the 26 patients; improvement in the Neuropathy Impairment Score was more frequent in patients who had a conduction block (11 of 11 patients) than in those who did not (10/15 [66.7%];  $P = .03$ ). Adverse reactions to IVIG included reversible renal dysfunction in 3 patients, flulike symptoms in 5, headache in 5, and chest pain and shortness of breath in 1. **CONCLUSION:** Although IVIG therapy seemed to improve DM-CIDP in this uncontrolled trial, a controlled trial is required for confirmation of our findings.

PMID: 12020256 [PubMed - indexed for MEDLINE]

[Publication Types](#), [MeSH Terms](#), [Substances](#)

[LinkOut - more resources](#)