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Treatment approaches for Guillain-Barré syndrome and chronic inflammatory demyelinating polyradiculoneuropathy.

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GBS and CIDP are important treatable forms of acquired peripheral neuropathies. GBS is a heterogeneous disorder representing at least five different entities. Three are predominantly motor: AIDP, AMSAN, and AMAN. Fisher syndrome and acute panautonomic neuropathy are other variants. Treatment for all of these conditions is the same and includes either plasma exchange or intravenous immunoglobulin. There is no indication that Guillain-Barré patients respond to corticosteroids. At the present time, it is uncertain if CIDP represents one or more disorders. Evidence favors a syndrome composed of more than one entity accounting for (1) clinical variations from subject-to-subject, ranging from symmetrical to focal neurologic deficits; (2) course variations from slowly progressive to step-wise, to relapsing; and, (3) laboratory variations in nerve conduction studies, spinal fluid protein, and nerve biopsy findings. CIDP patients respond to corticosteroids in contrast to those with GBS. CIDP improves with intravenous immunoglobulin and plasma exchange, paralleling the findings in GBS. Specific regimens of treatment for both GBS and CIDP are presented in this article and considerations that might influence one treatment regimen over another are discussed.

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