Are muscle cramps in Isaacs’ syndrome triggered by human immunoglobulin?

Ishi et al reported the clinical evaluation of plasma exchange and treatment with high dose intravenous immunoglobulin (IVIg) in a patient with Isaacs’ syndrome. They concluded that IVIg administration was found to be helpful in Isaacs’ syndrome. However, it is unclear if this is due to an effect on muscle cells or if it is a direct effect on the immune system.

We would like to draw attention to a possible autoimmune etiology of muscle cramps in this patient, raising the possibility of an autoimmune disorder in Isaacs’ syndrome. Supplying IgG molecules by IVIg administration may induce a direct effect on muscle cells, similar to what has been observed in other autoimmune disorders.

Recently, Tsuibo and Yamada reported increased CSF concentration of C4d and increased C4d index values in patients with amyotrophic lateral sclerosis, suggesting that this finding might be due to complement activation that could play a part in motor neuron degeneration. Since 1985, we have found high levels of C3c but not changes in C3c index values and other complement fractions in CSF from patients with amyotrophic lateral sclerosis. The role of the immune alterations in amyotrophic lateral sclerosis pathogenesis needs further investigation.

Somatisation in neurological practice

I was interested to read the article by Ron on somatisation in neurological practice. The inability to make a specific diagnosis in neurological outpatient practice is something that I referred to in a paper published in this journal in 1989. An analysis of 7836 successive new referrals to my clinics established that some 25-30% did not have a specific diagnosis, even in some cases after extensive investigation. Ron might be interested to know that among the number of patients 297 or 3-8% had some evidence of conversion hysteria. Based on an earlier study, also published, one would have expected probably some 50% of these patients to have conversion hysteria.

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