Intravenous immunoglobulin therapy in sensory neuropathy associated with Sjögren’s syndrome

Subacute sensory neuropathy has been recognised as a neurological complication of Sjögren’s syndrome, but its treatment is not well established. Successful treatment with corticosteroids, immunosuppressive agents, or plasmapheresis has been unsuccessful.

We report a patient who improved with intravenous immunoglobulin treatment, which was used previously.

A 60 year old man developed mild paresthesiae and numbness in the feet four years ago. In August 1993, these symptoms began to progress, ascending up to the thighs; the patient developed a progressive loss of dexterity in both hands—being unable to write, to button his shirt, use cutlery, and walk without a cane, although he was not able to write. The treatment with immunoglobulins was repeated three weeks later, adding prednisolone (90 mg/day), and the patient was discharged from hospital.

Three to four weeks later, there was a relapse. He returned to the clinical state before the start of the immunoglobulins, with complete improvement at the same dose. He was readmitted to hospital in June 94. After receiving a further dose of immunoglobulins, he again showed considerable improvement. Since then, prednisone was gradually withdrawn and a dose of 0.4 g/kg immunoglobulin is given every three weeks. The clinical improvement is maintained at present. A repeat electrophysiological study was unchanged.

Our patient had a sensory neuropathy associated with Sjögren’s syndrome. This is related to a dorsal root ganglionitis. The clinical course is strikingly variable and occasional spontaneous stabilisation or improvement.

We have had a progressive deterioration of his functional abilities in the past months, so the improvement could be related to the treatment with intravenous immunoglobulins. This hypothesis is supported by the clinical worsening after the initial withdrawal of immunoglobulin, the improvement after reintroduction, and the maintenance of this improvement with repeated doses every three weeks, despite withdrawal of prednisone.

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Diagnostic usefulness of apolipoprotein E epsilon 4 in the diagnosis of the dementias

Recently, papers have been published suggesting that apolipoprotein E (apoE) genotyping might be useful in the differential diagnosis of the dementias. It has been claimed that a specific apoE genotype in a demented patient might suggest a diagnosis of Alzheimer’s disease with about 95% probability.

However, the specificity of the increased prevalence of apoE 4 in vascular dementia is biologically plausible for the increased risk of vascular diseases associated with apoE 4. The table shows the probability of having Alzheimer’s disease for a demented patient with apoE 4 compared to that of others without apoE 4.

The assumption is made that two thirds of all demented patients have Alzheimer’s disease—that is, that any demented patient has a probability of having Alzheimer’s disease of 66% before any other