Misdiagnosis of Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

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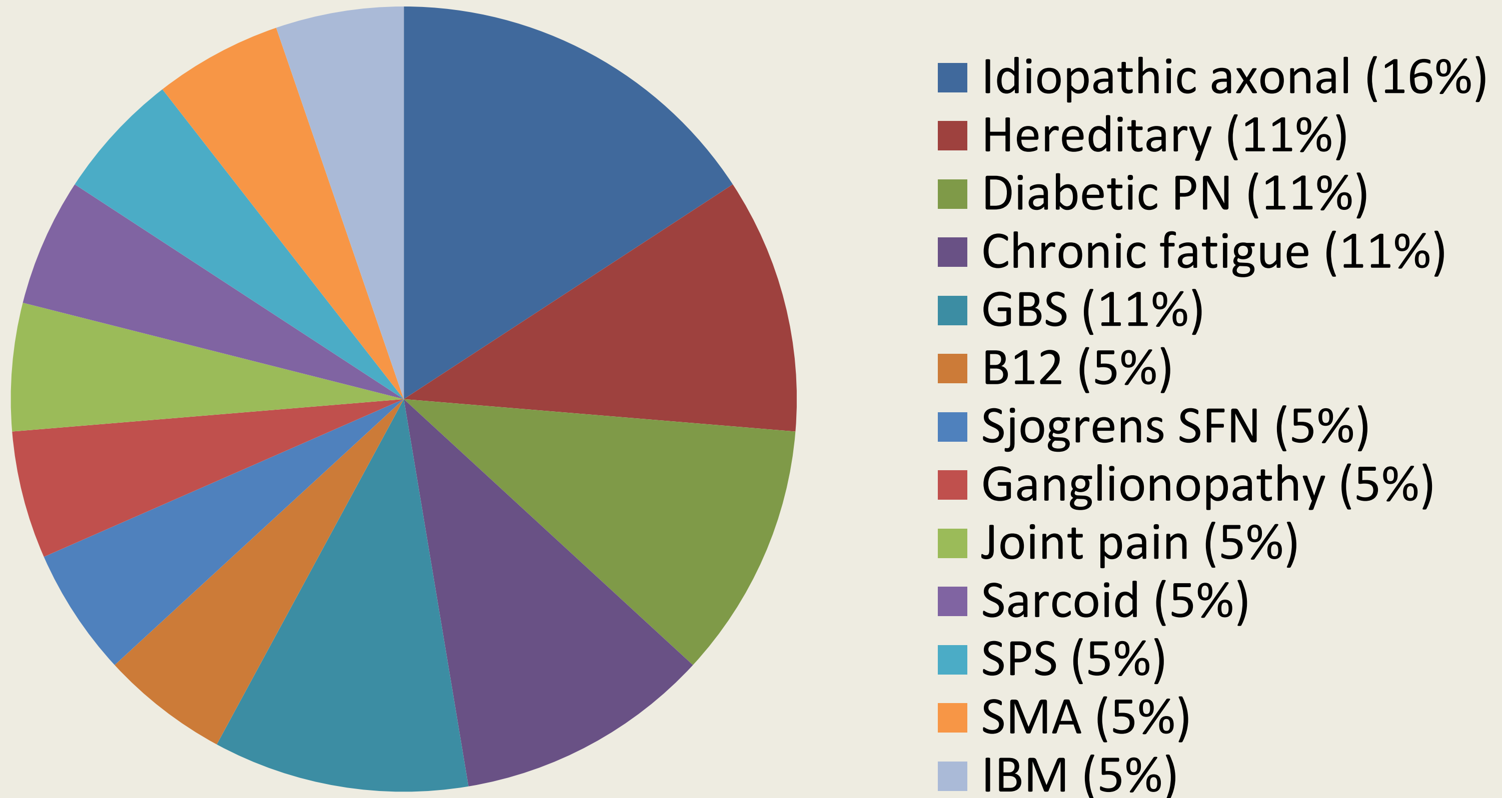
CIDP Overdiagnosis: A Serious Issue

- Cornblath DR, Gorson KC, Hughes RA, Merkies IS. Observations on chronic inflammatory demyelinating polyneuropathy: A plea for a rigorous approach to diagnosis and treatment[1]
  - A plea to clinicians to be thorough and cautious in diagnosis

- Allen JA , Lewis RA . CIDP Diagnostic Pitfalls and Treatment Benefit[2]
  - Reviewed 59 cases of diagnosed CIDP and found ~50% were misdiagnosed
  - Despite misdiagnosis over 2/3 of non-CIDP found treatment beneficial but less than 15% of these had objective signs of improvement

1. Cornblath DR, et al. *J Neurol Sci*. 2013;330:2-3.
2. Allen JA, et al. *Neurology*. 2015;85:498-504.

Diagnoses That Were Called CIDP



Allen JA, et al. *Neurology*. 2015;85:498-504.

Diagnostic Data in CIDP and Not-CIDP Groups

	Clinical	NCS	CSF	MRI	Biopsy	Improve with TX
CIDP (N= 18)	18 (100%)	17 (94%)	16 (89%)	13 (72%)	3 (17%)	14 (78%)
Not CIDP (N=19)	7 (37%)	3 (16%)	6 (32%)	1 (5%)	0 (0)	13 (68%)

Objective evidence consistent with CIDP seen in a minority of not-CIDP group and yet most felt treatment helped.

Improvement was based on subjective report by patient, not by objective measures.

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What Caused Misdiagnosis?

- Clinically
  - All misdiagnoses were in variants (not proximal/distal symmetric weakness)
  - Not meeting EFNS/PNS criteria
  - Residual GBS
- Electrodiagnosis
  - Misinterpreting conduction slowing when CMAP amplitude is reduced
  - Considering slowing at entrapment sites as CIDP
  - Accepting conduction slowing in diabetics as CIDP
- Laboratory
  - Emphasizing mild increases in CSF protein

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