

## 血漿置換術治療罹患亞急性脊髓神經病變之年輕男性 案例報告

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Plasmaphoresis in a young man with subacute onset of myeloneuropathy: report a case

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**Objective:** To represent the experience of plasmaphoresis in a young man with subacute onset of myeloneuropathy

**Background:** myeloneuropathy is not common at young age, the therapeutic protocol mostly based on the etiology of identified diseases. Herein, we reported the therapeutic effect of plasmaphoresis in a case of subacute onset of myeloneuropathy without clear etiology.

**Case report:** A case 27-year-old man presented with subacute onset of clumsiness and soreness on right limbs two months ago. The course was progressive initially from right upper limb, then extending to right low limb. One week after onset, he came to neurologic OPD for help. There was no obvious cranial nerve symptoms associated. The main findings of neurologic examination revealed muscle power decreased on right upper and low limbs, especially on distal extremities (4 points), increased muscle tone on four extremities, sensory loss on left hemibody by the pin-prick test and impaired tandem gait. Deep tendon reflex were decreased on all tested tendons of four extremities. Brain MRI showed increased intensity on C2-C3 spinal cord on T2W1 and Flair image. CSF studies don't show pleocytosis, and the levels of glucose and protein are within normal range. The IgG index was within normal range. NCV represented as demyelinating polyradiculoneuropathy. Other blood biochemical tests including CBC, blood glucose, renal and liver function, vitamin B12, folic acid, copper, thyroid function were within normal range. Immunologic and inflammatory survey including ESR, anti-thyroglobulin antibody, anti-TPO antibody, ANA, anti-double DNA, immunoglobulin, C3, C4, and protein electrophoresis doesn't show significant abnormal findings. Infection survey including syphilis, virus isolation, TB and mycoplasma doesn't show positive finding. Methylprednisolone 1000mg per day intravenously for 5 days were injected initially, and the course seemed stop to progressive without obvious improvement. However, the course was progressive again one month later, the symptoms presented as ascending paresthesia from low limbs with deteriorated gaits. Plasmaphoresis per day was administrated for five times. The symptoms became improved obviously 2-3 days after plasmaphoresis, and few neurologic deficits were left after completing the course of plasmaphoresis.

**Conclusion:** plasmaphoresis may be beneficial in subacute onset of myeloneuropathy without clear cause, especially in a young man. Whereas, there are still needed more evidences to prove it.

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