Design/Methods

A retrospective analysis on 34464 patients hospitalized at a tertiary care center in a major metropolitan area was conducted. 6168 and 8228 patients were taking either AS or NSAIDs on admission, respectively. 18707 patients were not taking aspirin or NSAIDs (nMED). Patients with NAD were further categorized as taking Aspirin alone (aAS), taking NSAIDS alone (aNSAID), or no medications (anMED). The outcomes compared included the prevalence of NAD and risk of comorbidities.

Results

Patients taking AS or NSAID had no significant difference in NAD compared to those in nMED (0.45%, 0.6%, 0.56%, $p > 0.05$). Patients in aAS had a mortality rate at 10.7% compared to 1.9% in those in anMED ($p < 0.05$). 57% of aAS compared to 14.4% of anMED had high risk comorbidities ($p < 0.0001$). The prevalence of encephalopathy or overall neurological complications was significantly higher in aAS compared to anMED (17.8%, 6.7%, $p > 0.05$; 28.6%, 13.%, $p > 0.05$). Patients in aNSAID had no significant increase in mortality, high risk comorbidity, or overall neurological complications when compared with anMED (4%, 6.7%, $p > 0.05$; 10%, 6.7%, $p > 0.05$; 6.1%, 13.5%, $p > 0.05$).

Conclusions

These results suggest that AS may provide a strong protective benefit against neurological complications among those with NAD despite a significantly higher associated mortality and high risk comorbidity.

Disclosure: Mr. Ahmed has nothing to disclose. Mr. Ahmed has nothing to disclose. Mr. Trivedi has nothing to disclose. Mr. Ors has nothing to disclose. Mr. Ahmed has nothing to disclose. Dr. Souayah has received publishing royalties from a publication relating to health care.

Therapeutic Plasma Exchange in a Patient With Acute Motor Axonal Neuropathy Subtype of Guillain-Barre Syndrome and Systemic Lupus Erythematosus

Melissa Huberman, Yamac Akgun, Jake Langlie, YanYun Wu

Objective

To highlight treatment resistance of concurrent Guillain-Barre syndrome (GBS) and active systemic lupus erythematosus (SLE).

Background

Coincidence of SLE and GBS is an uncommon and complicated course of autoimmune disease. Treatment is further complicated by pregnancy exacerbation of SLE.

Design/Methods

We report a case of acute motor axonal neuropathy (AMAN) subtype of GBS in a young pregnant woman in her early 20s presenting with SLE. Patient was 10 weeks pregnant at presentation. Lumbar puncture study and electrical muscle stimulation (EMS) were consistent with acute motor axonal neuropathy subtype of GBS. Patient also had increased proteinuria and renal biopsy performed that was consistent with lupus nephritis. Despite treatment with IVIG and pulse dose corticosteroids, the patient had minimal neurological improvement with respiratory decline requiring intubation. Her pregnancy was terminated at this point and a course of therapeutic plasma exchange (TPE) was started followed by cyclophosphamide.

Results

The patient responded to the combination of therapy and had slow but gradual neurologic recovery as well as improvement of proteinuria.

Conclusions

Concurrent GBS and active SLE in the setting of pregnancy may be more treatment resistant, and combination therapy including TPE, immunosuppression, and termination of pregnancy may be indicated. For patients with concurrent GBS and SLE, especially axonal subtype of GBS and during pregnancy, TPE should be considered as a primary treatment option with respect to both efficacy and safety.

Disclosure: Miss Huberman has nothing to disclose. Dr. Akgun has nothing to disclose. Mr. Langlie has nothing to disclose. YanYun Wu has nothing to disclose.

Neurochondrin Autoimmunity With Slow Saccades: A Case Report

Laurel Tanke, Eric Eggenberger, Misha Pless

Objective

N/A.

Background

Neurochondrin is a cytoplasmic neuronal antigen that can be targeted by specific antibodies, resulting in an antigen-specific T-cell response and autoimmune cerebellar and brain stem degeneration.1 Previously reported cases of neurochondrin antibody positivity have been predominantly associated with rapidly-progressive rhombencephalitis, but various other neurological symptoms and signs may be present.1,2

Design/Methods

N/A.

Results

34-year-old woman presented with 2 years of constant numbness in her toes, gradually worsening to involve the entire lower and upper extremities. She also reported dysarthria, imbalance, and leg spasticity. Neurological examination showed a slow, wide-based gait, brisk reflexes bilaterally, and bilateral extensor plantar responses. MRI brain was normal and CSF analysis showed 7 oligoclonal bands. The patient was diagnosed with probable multiple sclerosis and steroids were initiated but resulted in no improvement of symptoms. Plasmapheresis was also ineffective. 3 months later, MRI showed subtly increased T2 signal of the central cord mainly involving the gray matter at the level of C5 and C6. CSF analysis showed 15 oligoclonal bands and an elevated IgG index of 1.39. VDRL was nonreactive. HTLV, ANCA, AQP4, CSF VZ PCR, HSV PCR, and HHV6 PCR were all negative. EMG showed mild length-dependent axonal sensory motor peripheral neuropathy. On neuro-ophthalmic examination, the patient showed slowed saccades with some preservation of optokinetic nystagmus (OKN) fast phases. Repeat MR showed abnormal T2 hyperintensity in the anterior horns of the gray matter from C1-2 to T1. Serum testing at that time showed a positive neurochondrin antibody. She was then started on cyclophosphamide and mycophenolate mofetil. 6 months after initiation of cyclophosphamide, dysarthria and upper limb mobility improved, and she had no further neurological deterioration at that time.

Conclusions

Neurochondrin IgG-related autoimmunity is rare and can result in a wide variety of neurological signs and symptoms. Ocular dysmotility, including slowed saccades, may be present.

Disclosure: Ms. Tanke has nothing to disclose. Dr. Eggenberger has nothing to disclose. Dr. Pless has nothing to disclose.

Refractory Pediatric NMDA Receptor Encephalitis: A Case Series

Varun Kannan, Delia Rospigliosi, Victoria Adeseye, Yi-Chen Lai, Timothy Lotze, Eyal Muscal, Nikita Shukla

Objective

To characterize clinical features of our institution's refractory pediatric NMDA receptor encephalitis (NMDARE) patients, in the hopes of identifying predictive risk factors and specific treatment escalation targets.

Therapeutic Plasma Exchange in a Patient With Acute Motor Axonal Neuropathy Subtype of Guillain-Barre Syndrome and Systemic Lupus Erythematosus

Melissa Huberman, Yamac Akgun, Jake Langlie, et al.

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