A Rare Case Report of CIDP in a Young Male: A Battle Against Nerve Degeneration

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Abstract— Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) is a rare autoimmune disorder affecting the peripheral nervous system. It is characterized by progressive weakness and impaired sensory function in the limbs. This report presents a suspected SAE involving a 24-year-old male diagnosed with CIDP. The patient exhibited progressive muscle weakness, paraesthesia, and gait disturbances, leading to hospitalization. Treatment with intravenous immunoglobulin (IVIG) and corticosteroids showed partial improvement. The causative factors, clinical course, and management strategies are discussed. The report emphasizes the need for early diagnosis and prompt intervention to prevent long-term disability.

Introduction: CIDP is an immune-mediated neuropathy that affects young adults, though it is more commonly seen in older individuals. It presents with progressive, symmetric limb weakness and sensory loss over eight weeks or more. This report aims to document a case of CIDP in a young male, analyzing its presentation, diagnosis, treatment, and potential implications.

Patient Information:

- Age: 24 years
- Gender: Male
- Medical History: No significant past illnesses or family history of neuropathic disorders
- Presenting Symptoms: Progressive weakness in both upper and lower limbs, numbness, tingling sensation, difficulty walking
- Duration of Symptoms: Approximately three months

Clinical Findings:

- Neurological examination: Reduced deep tendon reflexes, distal muscle weakness, sensory impairment
- Electrophysiology: Nerve conduction studies (NCS) showed demyelination with prolonged latencies and conduction block
- Laboratory Tests: Elevated cerebrospinal fluid (CSF) protein without pleocytosis
- MRI: No evidence of central nervous system involvement

Management and Outcome: The patient was administered intravenous immunoglobulin (IVIG) (2g/kg over five days) and oral corticosteroids. Physiotherapy was initiated to improve motor function. Initial improvement in muscle strength and sensory function was noted; however, long-term follow-up is required to monitor disease progression and response to therapy.

Discussion: CIDP is a rare but treatable neurological disorder, and early intervention can significantly improve prognosis. The suspected adverse event in this case involved a young adult presenting with progressive neuropathy, requiring hospitalization and intensive therapy. The underlying pathophysiology involves immune-mediated attack on myelin sheaths, leading to demyelination.

The differential diagnosis included Guillain-Barré Syndrome (GBS), which was ruled out based on chronic progression. This case highlights the importance of prompt recognition and treatment to mitigate long-term disability.

Conclusion: This report underscores the significance of early diagnosis and treatment of CIDP in young adults. Further research is needed to determine potential triggers and optimize therapeutic strategies. Clinicians should maintain a high index of suspicion in patients presenting with progressive neuropathy to ensure timely intervention.

Keywords: Chronic Inflammatory Demyelinating Polyneuropathy, CIDP, Neuropathy, Autoimmune Disorder, Intravenous Immunoglobulin, Young Male,

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