A 73-year-old man presented with a three-month history of muscle wasting, cramps and marked weight loss. Examination revealed severe global amyotrophy (Figure), fasciculations, reduced deep tendon reflexes and flaccid quadriparesis. Nerve conduction studies were unremarkable. Needle electromyography showed acute and chronic partial denervation in the cervical, thoracic and lumbar-sacral segments. A full-body CT scan disclosed a large mass in the anterior mediastinum, which showed a type B2 thymoma.

Paraneoplastic neuropathies represent an expanding group of immune-mediated neuropathies associated with a known or unidentified neoplasm. Pure motor neuropathy is represented by subacute motor neuronopathy, commonly associated with Hodgkin’s and non-Hodgkin’s lymphoma and, rarely, with thymoma.

**References**


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