

THESES

CLINICAL EVALUATION OF TREMOR IN CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY (Abstract)*. Thesis. Rio de Janeiro, 1994.

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Tremor is the most common involuntary movement, characterized by rhythmic, mechanical oscillations of one part of the body over a fixed point or plane, resulting from synchronic or alternating contractions of antagonistic muscles. It constitutes a symptom and does not define an etiology. As to its occurrence, it can be ordinary (a physiological phenomenon), or secondary to pathological processes that somehow affect the nervous system.

The combination of tremor with polyneuropathies is not a rare phenomenon. The association has often been reported in familial polyneuropathy cases. However, the relationship between tremor and acquired neuropathies is rarer and much less documented. Thus, trying to cover for this gap, this study will present tremor in its idiopathic modality present in the Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP), a demyelinating disease which affects the peripheral nervous system, and has well-defined laboratorial, electrophysiological and clinical characteristics. Out of the Nascimento's series of 45 patients (1993) with idiopathic modality of CIDP, 14 cases presenting tremor were clinically analyzed. Such cases were followed longitudinally

in the Neuromuscular Diseases Sector of the Neurology Service at the University Hospital Antonio Pedro (UFF - Fluminense Federal University, Brazil) from March 1986 to August 1993. Other causes of polyneuropathies were ruled out, such as alcoholism, diabetes, nutritional diseases, metabolic disorders, heredity, benign or malign paraproteinemia, paraneoplasias, collateral effect of drugs, undue exposure to chemicals or neurotoxic products, vasculites, HIV infection and other inflammatory or immunomediated diseases. None of the patients had had history of tremor in the family, nor had they declared any other factor that could have triggered it. Nine of the 14 patients presented the progressive form of the disease, while five experienced a disease development through relapses.

In all studied cases tremor was only observed symmetrically, in antigravitational posture, in the upper limbs, with irregular frequency and small amplitude, without causing any functional damage. The condition appeared gradually with the installation of the CIDP. Moreover, in all the patients the resolution of the phenomenon was closely related to the improvement of the polyneuropathy. This suggests that its pathogenesis, despite being heterogeneous, is closely connected with the overcoming of the underlying condition and not with any other predisposing factor. None of the cases had clinical manifestations of disautonomy. There was no correlation between tremor and muscular paresis, vibration loss or fatigue. A direct relationship between tremor and the decreased motor neuroconduction velocity has not been established.

KEY WORDS: chronic inflammatory demyelinating polyradiculoneuropathy, idiopathic, tremor.

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