

(Acute Pandysautonomic Neuropathy) 2

Acute Pandysautonomic Neuropathy 2 Cases

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- Abstract -

Acute pandysautonomic neuropathy(APN) is an uncommon clinical entity involving vasomotor, sudomotor, pupilomotor, secretomotor and other autonomic systems. Both sympathetic or parasympathetic fibers are involved with relative preservation of somatic sensory and motor function. Although APN shares several clinical features with GBS, it is not clear whether APN is a subvariety of GBS. We report two young patients with APN. Patient 1 was a 18-year-old girl with recurrent fainting spells. Patient 2 was a 23-year-old man suffering from unexplained nausea and vomiting. Both had a history of previous upper respiratory infection. They presented with gastroparesis, anhidrosis and orthostatic hypotension. Mild numbness and tingling sense was present, but motor power was intact. Neurologic examination showed bilateral tonic pupil, decreased pain and vibration sense, and absent tendon reflexes. Nerve conduction study indicated diffuse sensorimotor polyneuropathy. Nerve biopsy in patient 2 revealed axonal degeneration. After conservative management, gastrointestinal symptoms were improved in patient 2, however, patient 1 suffered from the symptoms lasting more than several months. These cases suggest that post-infectious dysautonomic symptoms in young patient may indicate the diagnosis of APN. Although the natural course is generally benign, accurate diagnosis and proper management may be mandatory for the better clinical outcome.

Key Words : Acute pandysautonomic neuropathy, Guillain-Barre's syndrome, Acute autonomic neuropathy

tonomic Neuropathy)	(Acute Pandysau-	가	,
(Sudomotor),	(Vasomotor),	가	. P.A. Low. et. al
cretomotor),	(Pupilomotor),	(Se-	(Guillain-Barre Syndrome)
		가	(Dysautonomia)
가		가	가
1969 Young. et. al			

가 가 , 가
 1
 18 가 1 ,
 , . 5
 (intermittent numbness), (tingling
 sensation), (dull aching pain)
 10 2~3
 (blurred vision), (orthosta
 tic light-headedness)
 (Paralytic Ileus)
 (Fig. 1) Levin Tube
 가

100/60 mmHg,
 40/18 mmHg
 (reflex tachycardia)
 (diurnal variation)
 가 , ,
 (anhydro-
 sis)
 (normoch-
 romic normocytic anemia)
 B12 (Folate) , (Anitinu-
 clear Ab), (Rheumatoid Factor),
 (Urinary Porphyrin) , (Arsenic),
 (Lead), (serum PEP),
 (IEP), (TFT), (Tumor
 Marker), (CSF Differential
 Cell count), (CSF Cytology)
 (Dilute Pilocar-
 pine 0.1%)

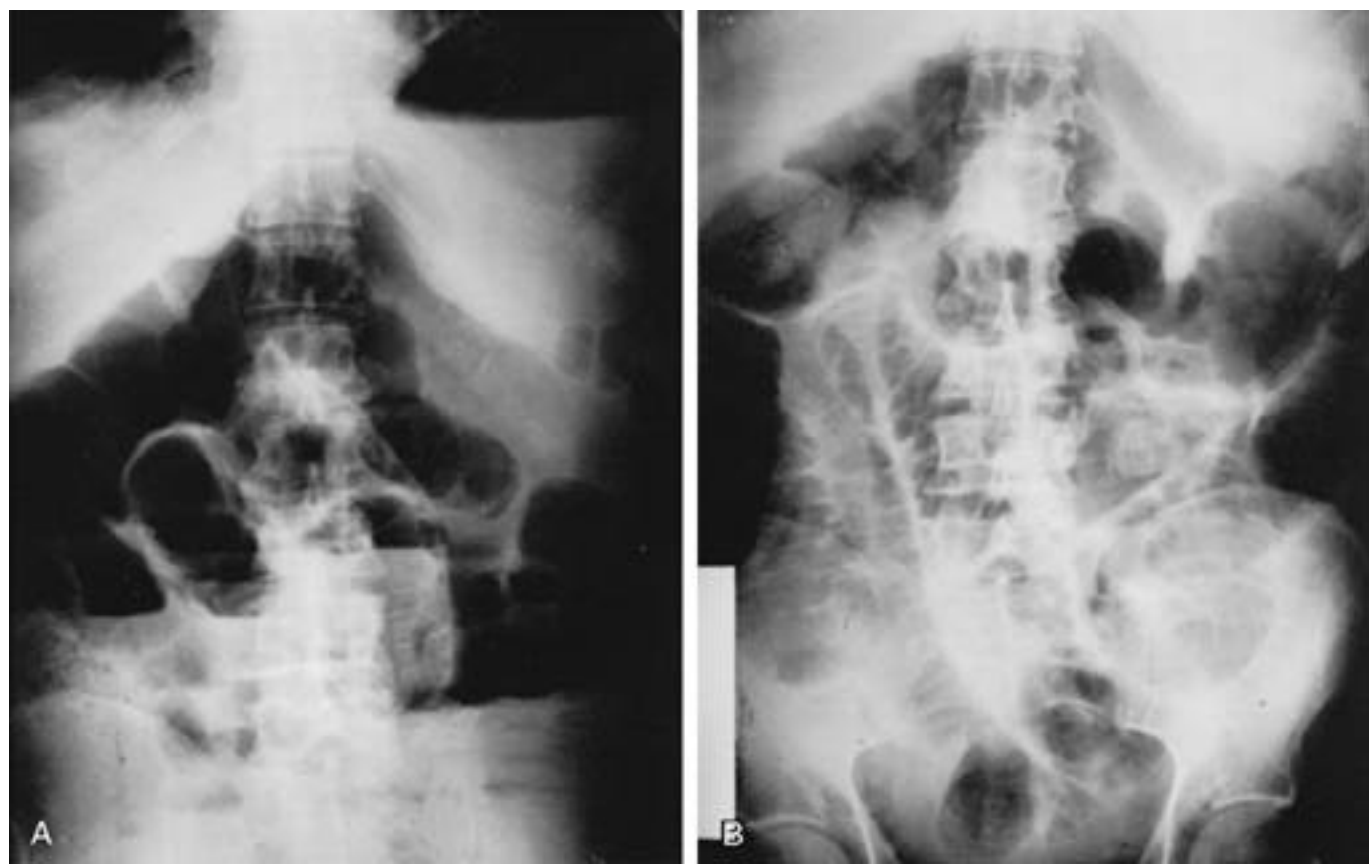


Figure 1. Simple Abdomen of Case 1 shows paralytic ileus with dilated colon.

(Cholinergic supersensitivity) (Adiès Tonic Pupil)

가

(demyelinating type) (sensorimotor polyneuropathy) (sural nerve) (Fig. 2).

가

(diurnal variation)

(hypov-

(stocking-glove pattern)

가 60%,

30 ~ 40%

olemia)

가 IVIG(0.4 g/kg/day) 5 midodrin, fluorocortisone

Jobst Stocking

(normoch-

, 2

romic normocytic anemia)

(visual blurring),

B12/ (Folate) (Anituclear Ab), (Rheumatoid Factor),

(Urinary Porphyrin) (Arsenic),

(Lead), (serum PEP),

(IEP), (TFT), (Tumor

Marker), (CSF Differential

Cell count), (CSF Cytology)

92

24

가

mg/dl 가

가

가

가

(NCV)가

(temporal dis-

2-3

persion)

(demyelinating sensorimotor

polyneuropathy)

(acetone)

(xylol)

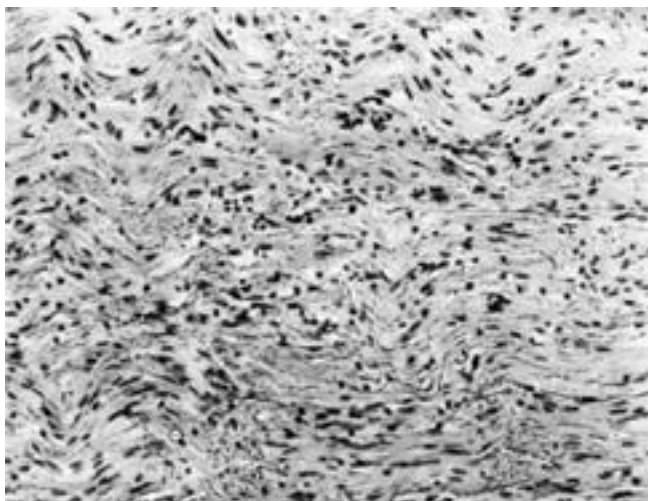


Figure 2. Light micrograph of sural nerve in case 1 shows infiltrated lymphocyte(H & E, x200).

(para-neoplastic) (porphyric neuropathy), (GBS), Vincristine

. 1969

Young ¹

가

(1975) ³ (infective mononucleosis)

, Benett(1997) ⁴ EB Virus

, Fagius(1983) ⁵

6 Low(1983) 가 . 가 , . Yokota Low 가 1 ~ 2 IVIG 가 . Faigus(1983) 5 가 . Yokota(1994) 7

- 1) (acute pandysautonomic neuropathy):
- 2) (acute autonomic and sensory neuropathy):
- 3) (Guillain-Barré Syndrome with prominent autonomic symptom):
- 4) (acute autonomic sensory and motor neuropathy):

(1999) 8 가 (1988) 9

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