

Acute neuromuscular disease

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Neurologische Klinik und Poliklinik

Disclosures

- Educational talks for Alnylam, Teva, Merck, Pfizer
- Consulting for Algajax, Bayer, Grifols, Immunic, Ipsen, Merz, Roche, Takeda
- Participation in clinical trials for Air Liquide, Novartis, UCB

Agenda

- GBS and its mimics
 - Porphyria
 - GBS-like disease induced by cancer therapy
- Myasthenic crisis and LEMS
- Myositis

Learning objectives

- Be aware of the differential diagnosis of acute neuromuscular weakness
- Obtain insight into the most frequent types

Peripheral neuropathy/polyradiculopathy

- GBS
- Porphyria
- Diphtheria
- CMV polyradiculopathy
- Neuroborreliosis
- Toxins (heavy metals, e.g., arsenic, mercury, hexacarbon, drug intoxication, organophosphate, Buckthorn)
- Critical illness polyneuropathy
- Drug-induced GBS-like polyradiculoneuropathy
- Tick paralysis
- Vasculitic neuropathy

Anterior horn cell disorders

- Poliomyelitis
- West Nile virus

Neuromuscular junction disorders

- Polymyositis, dermatomyositis, infectious myositis (e.g., dengue myositis)
- Periodic paralysis (hypokalemic: Hereditary and secondary, hyperkalemic)
- Hypophosphatemia
- Critical illness myopathy
- Acute rhabdomyolysis

Neuromuscular junction disorders

- Myasthenia gravis
- Lambert-Eaton syndrome
- Neuroparalytic envenomation (e.g., tick and snake bites)
- Botulism
- Organophosphate and carbamate
- Hypermagnesemia
- Prolonged neuromuscular blockade
- Overdose of anticholinesterases

Recommended reading

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