

Abstract

Multifocal acquired demyelinating sensory and motor neuropathy (MADSAM) is an atypical multifocal variant of chronic inflammatory demyelinating polyneuropathy (CIDP). Which usually presents with the signs and symptoms of asymmetrical motor weakness and objective sensory deficits. These patients may initially present with isolated unilateral limb involvement which may later progress to a generalised form with predominant distal peripheral nerve involvement. The onset of the disease is insidious with a slow progressive course. Here, we present a case of a 55 year old previously healthy male patient who presented to us with asymmetrical progressive limb weakness of insidious onset over a six months duration involving upper and lower limbs. He was diagnosed to have MADSAM neuropathy with characteristic clinical findings supported with evidence in electrodiagnostic and other laboratory investigations. During the evaluation he was also diagnosed with CNS Tuberculosis based on positive CSF ultra Xpert MTB reports. He was treated for both disease entities with appropriate therapeutic regimens, to which his symptoms showed moderate response. Nevertheless, he continued to have relapsing remitting course of illness in between which mandated periodic immunomodulatory treatment. This case highlights the importance of considering the possibility of tuberculosis in patients presenting with atypical forms chronic peripheral neuropathy