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Letter to the Editor

A Nerve Biopsy is Required to Diagnose Vasculitic Neuropathy and to Rule Out Guillain-Barre Syndrome

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Letter to the Editor

We read with interest the article by Mancianti *et al.* about a 71-year-old patient who was diagnosed with Guillain-Barré syndrome (GBS) of the subtype acute motor and sensory axonal neuropathy (AMSAN) following a flu-like infection and which partially improved with intravenous immunoglobulin (IVIG) [1]. She later developed eosinophilic granulomatous polyangiitis (EGPA), which responded to glucocorticoids and rituximab (RTX) [1]. Post hoc, the AMSAN was reclassified as vasculitic neuropathy [1]. The study is noteworthy but requires further discussion.

First, the diagnosis of vasculitic neuropathy is questionable [1]. Vasculitic neuropathy is usually diagnosed when vasculitis of the feeding arteries of peripheral nerves is demonstrated [2]. Since no nerve biopsy was performed in this patient, the diagnosis remains speculative. Another argument against vasculitis neuropathy is that the patient did not develop pain in the first 12 days after the onset of sensorimotor symptoms [1]. Vasculitis neuropathy is frequently associated with neuropathic pain [2].

Second, it is unclear why the patient was discharged despite persistent tetraparesis [1]. Why was he not hospitalized further or transferred to a rehabilitation clinic? Patients with GBS require long-term therapy after acute treatment until they achieve full or partial recovery. In this context, the discrepancy in Table 1 between the description of only a slight improvement in motor function and the recurrence of the paresis should also be clarified. Had the muscle weakness actually resolved completely beforehand?

Third, the patient was not investigated for the cause of the flu-like infection prior to the onset of tetraparesis [1]. Viruses that can trigger GBS include EBV, Zika, SARS-CoV-2, hepatitis, VZV, CMV, influenza, and HIV [3]. Was the patient tested for any of these viruses? Had the patient received a vaccination prior to the onset of the infection that preceded the neurological abnormalities? Was SARS-CoV-2 infection (SC2I) ruled out? It is known that SC2I and other viruses can trigger EGPA [4]. Identifying the causative agent is crucial, as it may respond to treatment and could potentially be responsible for the GBS or vasculitis. Both GBS and vasculitis can be triggered by various infections [3].

Fourth, it was not reported which ganglioside antibodies were elevated [1]. Since AMSAN is associated with various patterns of elevated ganglioside antibodies, it is important to know which ones were elevated.

Fifth, GBS is often accompanied by swelling and contrast enhancement of the nerve roots on spinal MRI. Were these typical imaging features of GBS demonstrated on contrast-enhanced spinal MRI?

Sixth, it was not reported what treatment the patient received for neuropathic pain relief [1]. Was gabapentin or pregabalin tried?

Other limitations include the lack of a second cerebrospinal fluid (CSF) analysis (CSF values may be normal at the onset of GBS), the failure to mention that RTX can also be helpful in GBS [5] and the fact that AIDP is the demyelinating, not the axonal, subtype of GBS.

Overall, the available findings do not rule out the possibility that the patient had AMSAN. Normal CSF findings and a poor response to IVIG do not rule out AMSAN, and RTX is known to be beneficial in some GBS cases.

Declarations**Ethical Approval:** Not applicable.**Consent to Participation:** Not applicable.**Consent for Publication:** Not applicable.**Funding:** None received.**Availability of Data and Material:** All data are available from the corresponding author.**Completing Interests:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.**Author Contribution:** JF was responsible for the design and conception, discussed available data with coauthors, wrote the first draft, and gave final approval. SM: contributed to literature search, discussion, correction, and final approval.**Acknowledgements:** None.**Keywords:** Guillain-Barre Syndrome, Vasculitic Neuropathy, Eosinophilic Granulomatous Polyangiitis, Intravenous Immunoglobulins, Rituximab**References**

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