Letter to the Editor

Multifocal Motor Neuropathy Associated with Infliximab

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Abstract

Background: The anti-tumour necrosis factor [TNF] monoclonal antibody, infliximab, is commonly prescribed in both ulcerative colitis and Crohn's disease. Neurological side effects such as optic neuritis are well recognised, although not as frequently seen as hypersensitivity and serious infections.

Case: We present a case of peripheral neuropathy in a young man on infliximab therapy for ulcerative colitis. This presented as an asymmetrical and slowly progressive weakness in his right upper limb, severely impacting on function. Investigations confirmed a diagnosis of multifocal motor neuropathy [MMN]. This has been previously described in patients receiving infliximab for rheumatological conditions. The exact mechanism is unclear, but the neuropathy responds well to intravenous immunoglobulin. In our case, infliximab was discontinued. The patient was treated with immunoglobulin for 5 days and recovered rapidly. Mercaptopurine was instituted as maintenance therapy, with good effect.

Conclusion: Gastroenterologists prescribing infliximab should be cognisant of both peripheral and central neurological complications, ensuring prompt withdrawal of the offending agent and appropriate alternative treatment.

Keywords: Infliximab; motor neuropathy
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Infliximab was discontinued and the patient received a 5-day course of intravenous immunoglobulin [0.4 mg/kg/day]. His neurological symptoms improved rapidly and he was started on mercaptopurine for treatment of his UC.

Multifocal motor neuropathy [MMN] is a rare autoimmune demyelinating disorder. There have been case reports in the literature describing MMN in association with infliximab in the treatment of rheumatological and inflammatory bowel disease.\(^2,3,4\) MMN usually presents as a slowly progressive asymmetrical weakness. The mechanism has yet to be fully elucidated, but it may result from the production of antibodies to gangliosides and other peripheral nerve epitopes. Typically it is not responsive to steroids and the first-line treatment is intravenous immunoglobulin.\(^1\)

Gastroenterologists prescribing anti-tumour necrosis factor therapy may be aware of central neurological complications, but also need to be alert to the possibility of rare peripheral complications that may necessitate cessation of the offending agent.

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**Conflict of Interest**

There was no conflict of interest.

**Author Contributions**

Review of the existing literature regarding multifocal motor neuropathy was performed by CR. In addition to this, she undertook review of the medical chart and relevant investigations. GC and NT were involved in drafting the manuscript and in the final revisions before submission.

**References**