

Successful Regional Anesthesia Technique in a Patient With Chronic Inflammatory Demyelinating Polyneuropathy (CIDP): A CASE REPORT

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BACKGROUND

- Chronic inflammatory demyelinating polyneuropathy (CIDP): immune-mediated peripheral neuropathy characterized by progressive, predominantly motor weakness, symmetric involvement of limbs and sensory loss. It includes segmental demyelination of peripheral nerves, endoneurial inflammatory infiltration and electrophysiological changes
- Regional Anesthesia use is still a topic on debate due to the theoretical risk of further neurological deficits and nerve injuries

METHODS

- This case report describes the perioperative use of regional anesthesia on a patient with CIDP. Informed patient consent obtained and exemption from Institutional Review Board review per hospital policy.

RESULTS

- Patient: 39-year old female, BMI 22.7, stable baseline
- Neurologic symptoms: primarily of bilateral plantar foot paresthesias
- Surgery: Elective left foot fusion surgery
- Anesthetic management: general anesthesia + regional anesthesia
- Preoperative area: Ultrasound-guided sciatic nerve block via popliteal approach using 20 mL of 0.25% ropivacaine

Patient: 39y female, former tobacco user

- Right lateral decubitus position → USG guided sciatic nerve block

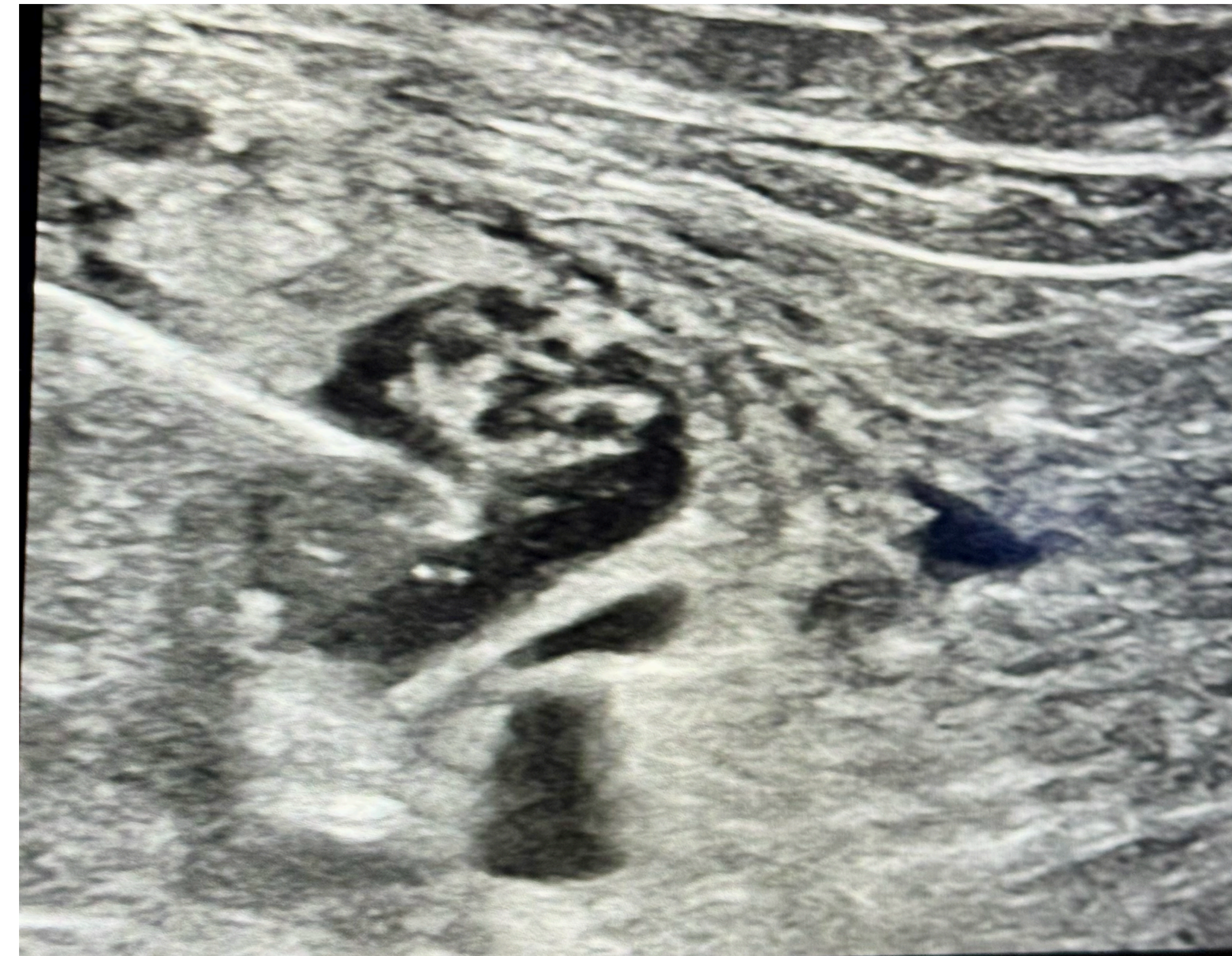


Fig. 1 - USG image of a sciatic nerve block via popliteal approach

This case highlights that regional anesthesia can be successfully used on patients with CIDP.

- No paresthesias or pain during needle advancement or injection.
- Patient emerged uneventfully and was followed in the post-anesthesia care unit + via telephone on postoperative day 1.
- Analgesia persisted for approximately 18 hours, after which pain was controlled with a single dose of oxycodone/acetaminophen.
- No new neurologic deficits beyond baseline were observed following block resolution

DISCUSSION

- Regional anesthesia in patients with CIDP is supported by only a small number of case reports
- Decisions should be individualized, considering risk–benefit balance, surgical requirements, and baseline neurologic status, with close postoperative follow-up for early detection of complications.
- Literature describes successful use of low local anesthetic concentrations (0.2–0.25%) without neurologic sequelae; however, these doses may provide analgesia rather than surgical anesthesia, supporting combination with general anesthesia.
- Risks and benefits should be fully disclosed.

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