

# IgA Monoclonal Gammopathy of Undetermined Significance 1

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## A Case of IgA Monoclonal Gammopathy of Undetermined Significance Mimicking Acute Inflammatory Demyelinating Polyradiculoneuropathy

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Polyneuropathy that is associated with monoclonal gammopathy of undetermined significance (MGUS) similar to chronic inflammatory demyelinating polyneuropathy (CIDP) has been reported before, whereas a connection to acute inflammatory demyelinating polyneuropathy (AIDP) has not been. A 52 year-old man was presented with ascending paralysis beginning 1 day ago. Neurological examinations showed facial diplegia and decreased motor power and deep tendon reflexes in all extremities. On electrophysiologic study, sensorimotor polyneuropathy was observed. Protein- and immunoelectrophoresis revealed IgA monoclonal gammopathy. High dose steroid therapy was given and the symptoms improved slightly.

**Key Words:** MGUS, CIDP, AIDP

Monoclonal gammopathy of undetermined sig-  
nificance (MGUS) IgM 60% 가 IgG  
30%, IgA 10% 가 가 . 52  
MGUS  
(CIDP) 가

IgG IgA MGUS  
IgM MGUS

CIDP

가 MGUS가  
(AIDP)

가 MRC III, 가 II

IgA MGUS

X

MRI

RBC(0/mm<sup>3</sup>), WBC(2/mm<sup>3</sup>),  
Glucose(72 mg/dl, Serum glucose 124 mg/dl)  
Protein 59 mg/dl 가

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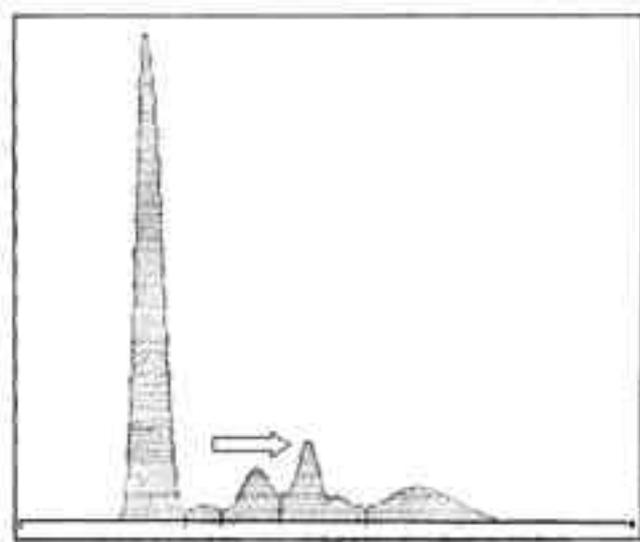
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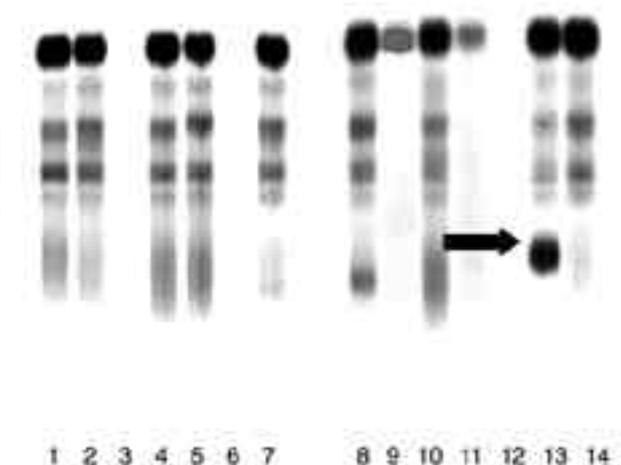
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F- H- 가  
 IgA 가  
 IgA lamda( )  
 (Fig. 1). 가  
 MRC O 가  
 immunoglobulin 3 가 2  
 (plasmapheresis)  
 1 6  
 1 6  
 IgG/IgA IgM MGUS  
 가  
 MGUS (CIDP) AIDP  
 가 가  
 MGUS IgM, IgG, IgA IgM -  
 MAG (Myelin - Associated Glycoprotein  
 Antibody, anti - MAC) .<sup>2</sup>  
 MGUS 가  
 IgM MUGS  
 IgA IgG MGUS  
 MGUS 가  
 IgG/IgA IgM MGUS  
 가  
 MGUS IgG 가  
 IgM type  
 kappa . MGUS 70  
 3%, 80 4% 가  
 25 , macroglobulinemia  
 8.4  
 M -  
 가 , IgM/IgA MGUS IgG MGUS



**A**



**B**

**Figure 1.** Protein(A) and Immunofixation(B) Electrophoresis These electrophoreses show abnormal zone of restrictions in IgA(white arrow, Alpha 2) and lambda(black arrow) chains.

MGUS  
 Chlorambucil )  
 IgA  
 가  
 IgM  
 가  
 (AIDP)  
 lamda() MGUS  
 IgM IgG  
 IgG IgA  
 .5  
 가  
 IgA

**REFERENCES**

1. Simmons Z, Albers JW, Bromberg MB, Feldman EL. Presentation and initial clinical course in patients with chronic inflammatory demyelinating polyradiculopathy: comparison of patients without and with monoclonal gammopathy. *Neurology* 1993;43:2202-2209.
2. Gosselin S, Kyle RA, Dyck PJ. Neuropathy associated with monoclonal gammopathies of undetermined significance. *Ann Neurol* 1991;30:54-61.
3. Simovic D, Gorson KC, Ropper AH. Comparison of IgM-MGUS and IgG-MGUS polyneuropathy. *Acta Neurologica Scandinavica*. 1998;97(3):194-200.
4. Kyle RA, Rajkumar SV. Monoclonal gammopathies of undetermined significance: review. *Immunological reviews* 2003;194(1):112-139.
5. Cotico D, Durelli L, Isoardo G. Different clinical, electrophysiological features of CIDP associated with paraproteinemia. *Acta Neurologica Scandinavica*. 2003;108(4): 274-280.