BÜHLMANN Laboratories AG

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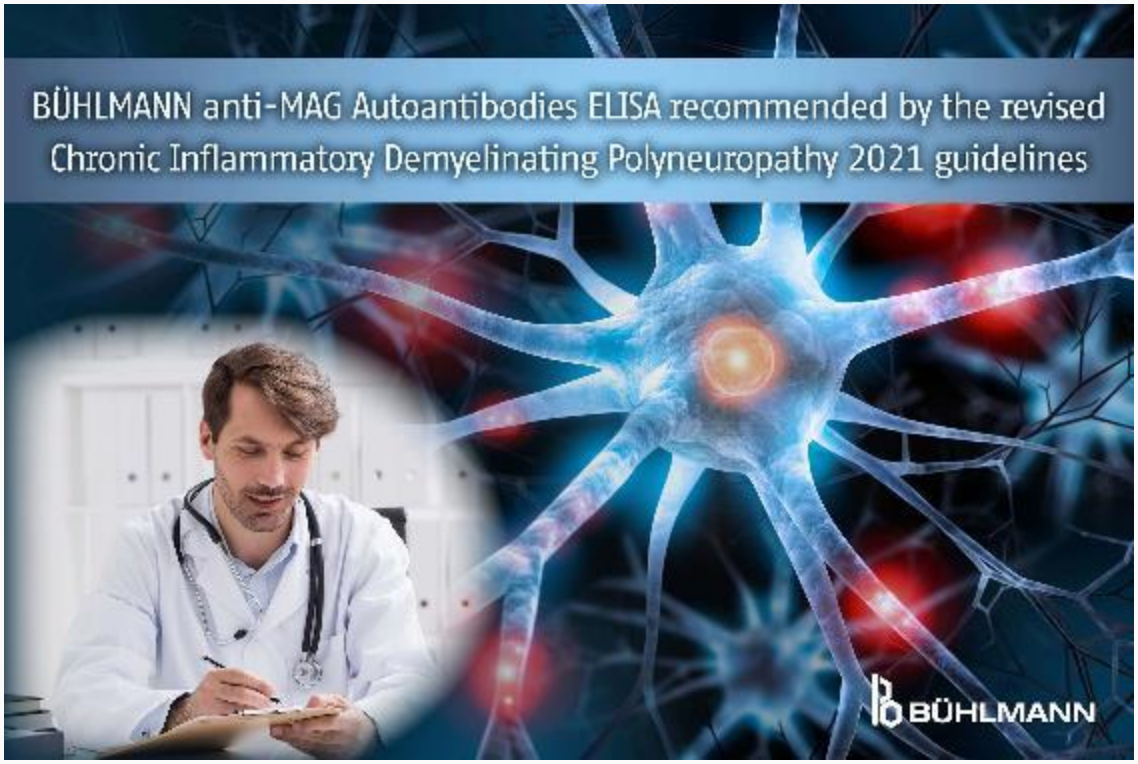

Chronic inflammatory demyelinating polyneuropathies (CIDP) describe a spectrum of variants of immune-mediated peripheral neuropathies causing weakness and sensory symptoms. The diagnosis of CIDP is often challenging because it presents very heterogeneous and is based on a combination of clinical, electrodiagnostic and laboratory measures. In almost half of the cases misdiagnosis was reported.

Recently the consensus guidelines on the diagnosis and treatment of CIDP were revised by a taskforce in order to update the guidelines last revised in 2010 and to include evidence-based recommendations and consensus-based Good Practice Points for clinical practice (Van den Bergh et al., 2021). Serologic laboratory testing of antibodies is an important element in the diagnostic work-up of neuropathies. Therefore, the guidelines for diagnosis of CIDP include criteria for immunological testing:

The taskforce advise **anti-MAG antibody testing** in all patients with an IgM paraprotein fulfilling CIDP diagnostic criteria. The determination of anti-MAG antibodies in some defined CIDP variants is important because high titers of anti-MAG antibodies would strongly imply a diagnosis different from CIDP. For anti-MAG antibodies testing, the taskforce advise to use the **BÜHLMANN anti-MAG Autoantibodies ELISA**. Further, testing for anti-GM1 antibodies may give additional hints to demyelinating processes.

We summarized the recommendations of the revised CIDP guidelines for you:

Recommendations of the revised CIDP Guidelines

The revised CIDP guidelines underline the gold standard status of **anti-MAG Autoantibody ELISA** and accentuate the leading role of **BÜHLMANN GanglioCombi™ MAG ELISA**, which combines the possibility to test for both, anti-MAG and -Ganglioside Antibodies with one single test at the same time.

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BÜHLMANN Laboratories AG
Baselstr. 55
CH-4124 Schönenbuch
Switzerland

Fon: +41 61 487 12 12
Fax: +41 61 487 12 34

info@buhlmannlabs.ch