

the diagnosis. Treatment lacks proof by controlled trials; isoniazid, rifampicin, pyrazinamide and either streptomycin or ethambutol are used in the first 2 months; isoniazid and rifampicin in the next 7-10 months; and in patients not suffering from HIV, dexamethasone is advised. Steroids improve survival but may not prevent disability. *M tuberculosis* resistant to antituberculosis drugs is an increasingly common clinical problem, and the use of WHO recommended alternative treatment with fluoroquinolones is restricted to case reports.

Of interest regarding the increasing importance of infectious disease in neurology, during 2004 one quarter of the case reports in *The Lancet* were patients with neurological infections. (Solomon T, Love R. **Lancet Neurol** 2005;4:139).

NEUROMUSCULAR DISORDERS

STERIODS FOR CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY

The efficacy and safety of high-dose, intermittent IV methylprednisolone (IVMP) as initial and long-term maintenance therapy for chronic inflammatory demyelinating polyneuropathy (CIDP) were analyzed by a retrospective review of outcome data derived from patients' medical records between 1992 and 2003 at Washington University School of Medicine, St Louis, MO. Of 57 patients with clinical and electrophysiologic evidence of CIDP, 39 had sufficient data to classify and compare patients in 3 cohorts according to their primary treatment with IVMP, IVIg, or oral immunosuppression with prednisone or cyclosporine. There was no significant difference in mean improvement of quantitative muscle testing (hand dynamometer) at 6 months or at the last clinic visit (average 4.5 years later) among the 3 groups. At the last visit, 81% to 88% improved in all groups. Weight gain and cushingoid features were less frequent in patients treated with IVMP (19%) than in those receiving oral prednisone (58%). (Lopate G, Pestronk A, Al-Lozi M. Treatment of chronic inflammatory demyelinating polyneuropathy with high-dose intermittent intravenous methylprednisolone. **Arch Neurol** Feb 2005;62:249-254). (Respond: Glenn Lopate MD, Department of Neurology, Washington University School of Medicine, 660 S Euclid Ave, Box 8111, St Louis, MO 63110).

COMMENT. IVMP is as effective in improving and maintaining strength in patients with CIDP as is IVIg or oral prednisone, and has fewer adverse effects. The authors recommend IVMP as initial and maintenance therapy in CIDP patients with weakness or disability.

PUFFER FISH POISONING

The effects of puffer fish poisoning on peripheral nerve were investigated in 4 of 9 patients (7 adults and 2 children) treated at the Prince of Wales Hospital, Sydney, Australia. The patients had consumed soup made from 30 puffer fish. They experienced numbness of the lips approximately one hour later, and the numbness spread to the tongue, throat, and then hands and feet. Symptoms progressed rapidly, the gait became ataxic, and the reflexes were normal or depressed. Full recovery occurred within one week. The urine of each patient