Severe peripheral neuropathy in a young female with primary sjogren's syndrome

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Neurological disorders represent one of the most common extra glandular manifestations may be found in patients with Sjogren's syndrome. In this paper we will present the case of a 43-year-old patient with symptomatic onset characterized by Paresthesia with "stocking-glove" distribution, evolving with severe ataxia. Clinical examination revealed disturbances of proprioceptive sensitivity in both thoracic and pelvic limbs. The titer of antinuclear antibodies was 1/320, Anti-Ro (SS-A) antibodies were positive, and the biopsy of minor salivary glands showed histopathological changes. The patient underwent repeated electromyography examinations that revealed sensory axonal polyneuropathy. SICCA symptoms started several years after the onset of the first neurological manifestations, and the Schirmer's test was 'borderline'. Corroboration of clinical and paraclinical data led to the diagnosis of primary Sjogren's syndrome with sensory axonal polyneuropathy. The administration of Plaquenil (Hidroxychloroquine sulfate), intravenous immunoglobulin, glucocorticoids, plasmapheresis, Mycophenolate mofetil, Belimumab and Rituximab did not improve neurological complaints, the peripheral neuropathy being refractory to treatment.

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