Mycophenolate Mofetil-Induced Toxic Encephalopathy in a patient with CIDP and Crohn's Disease: A Rare and Reversible Case

- Background & Aims:
- We report a rare case of mycophenolate mofetil (MMF)-induced toxic encephalopathy in a patient with chronic inflammatory demyelinating polyneuropathy (CIDP) and Crohn's disease. This case highlights the importance of recognizing this serious adverse effect and the role of timely intervention.
- Material & Method:
- ▶ A 50-year-old female with known Crohn's disease and CIDP presented with progressive lower limb numbness, weakness, difficulty in walking, and sensory ataxia. She was started on MMF (500-1000 mg BD) as a steroid-sparing immunomodulator in a outsidehospital. Following MMF initiation, she developed progressive neurological symptoms, including confusion, ataxia, slurred speech, and blurred vision. MRI brain revealed bilateral edematous dentate nuclei with altered signal intensities, after ruling out other causes diagnosed as possible MMF-induced toxic encephalopathy.

Results:

After 48 hours of discontinuing MMF, the patient showed significant improvement, with resolution of encephalopathy and gradual recovery of neurological symptoms. Subsequently, to manage CIDP, intravenous immunoglobulin (IVIG) at 0.4 g/kg/day for 5 days was administered. The patient improved steadily and was able to walk independently. Serial follow-up showed no recurrence of symptoms.

Discussion:

MMF is widely used as an immunosuppressive therapy in autoimmune disorders, but toxic encephalopathy is a rare yet potentially reversible adverse effect. Early recognition, immediate discontinuation of MMF, and supportive therapy are essential to prevent long-term neurological sequelae. In this case, discontinuation of MMF alone led to significant symptomatic improvement within 48 hours, underscoring the importance of drug withdrawal as the primary step in management. Follow up imaging after a month resolution of previous findings was seen.we applied the Naranjo Adverse Drug Reaction Scale (score = 6), indicating a probable causal relationship between Mycophenolate Mofetil and the encephalopathy. IVIG therapy was then used to address the underlying CIDP.

Conclusion:

► Clinicians should remain vigilant for MMF-induced toxic encephalopathy in patients receiving MMF for CIDP or other autoimmune disorders. Prompt diagnosis and withdrawal of MMF can lead to complete recovery and prevent permanent neurological damage.



