Sir, Dr Lo makes a number of important points in his thoughtful letter. First, we agree that precisely identifying the pathophysio-
logically affected sites in Miller Fisher syndrome (MFS) and Bickerstaff’s brainstem encephalitis (BBE) is not a straightforward
issue, even with sophisticated clinical electrophysiology and MR imaging. Disentangling the relative contribution of nodal conduc-
tion block, motor nerve terminal block and central slowing, especially if all are concomitantly present at different degrees
in different fibres, is complicated in the oculomotor and cranial motor nerves when using conventional electrophysiological
techniques. A lesion at one site can clearly mask lesions at other sites and thus confound their assessment when looking down-
stream of both sites for the electrophysiological readout, most typically a compound muscle action potential or motor unit poten-
tial. Dr Lo’s combined use of single-fiber electromyography to assess abnormal jitter, high-frequency repetitive nerve stimulation
and transcranial magnetic stimulation to assess central motor conduction time are to be welcomed in this clinical area. Second, we also agree with Dr Lo that the presence of electrophysiologically measureable subclinical deficits is important to
recognize. These may account for, and confound the interpreta-
tion of much of the clinical heterogeneity that has been reported
in the anti-GQ1b antibody disorders. Third, for clinical trial pur-
poses, electrophysiological and imaging protocols that reflect
the clinical course and patterns would add greatly to the clinical assessments that are currently relied upon. The development
of robust, high-quality electrophysiological assessments, possibly
including multi-channel surface electromyographical methods enabling motor unit ‘finger printing’, would be very useful. As
we progress into the next generation of clinical trials in the immune-mediated neuropathy area by testing complement-
inhibiting monoclonal antibodies and other experimental drugs,
development of such methodologies that can be widely and repro-
ducibly used in different centres is to be welcomed.