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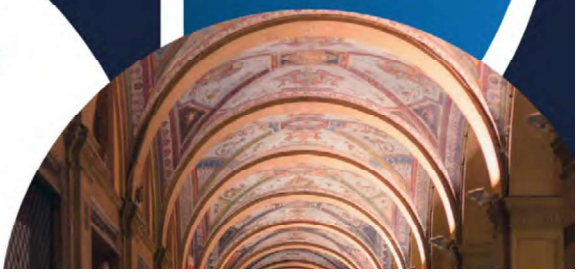

Incat disability scale, Incat sensory scale), and CSF were compared. Neurophysiological data (P100 latency and N75-P100 amplitude) were also compared with those of thirty healthy controls.

In the CIDP group, we found significant VEP abnormalities, characterized by low-amplitude potentials (N75-P100), and increased P100 latency ($p < 0.05$). Moreover, visus pathway dysfunction was predominant in the Lewis-Sumner group. In four patients, MRI detected demyelinating lesions in the CNS, one patient had a previous history of retrobulbar optic neuritis.

Visual evoked potential abnormalities may reflect increased susceptibility of visual pathways to immune-mediated injury, which can affect both the peripheral and central nervous systems in patients with CIDP.

Inflammatory/dysimmune neuropathies

Abstract P170 - Cod. 143495

WHEN MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODIES EXTENDS BEYOND THE CENTRAL NERVOUS SYSTEM: AN ATYPICAL CLINICAL PRESENTATION

Colantuono P.*[1], Sacco S.[1], Ricci S.[2]

[1] Department of Biotechnological and Applied Clinical Sciences - University of L'Aquila, L'Aquila, Italy, [2] Department of Neurology and Stroke Unit - "SS. Filippo e Nicola" Hospital, Avezzano, Italy

Myelin oligodendrocyte glycoprotein associated disease (MOG-AD) typically involves central nervous system (CNS), with an immune-mediated mechanism. Here, we present a rare manifestation of peripheral nervous system (PNS) involvement mediated by MOG antibodies.

A 46 years old man, with no significant medical and family history, presented with paraesthesias in his foots after administration of COVID-19 vaccine. During the following two years he complained of bilateral dysesthesias in his foots and cramps in lower limbs.

On neurological examination the patient presented muscle fasciculations and brisk deep tendon reflex in lower limbs. Nerve conduction study showed demyelinating polyneuropathy while electromyography showed fasciculation potentials with no evidence of neurogenic damage. Spinal magnetic resonance imaging showed enhancement of medullary conus and cauda equina roots. Elevated cerebrospinal fluid protein level emerged at lumbar puncture. Absence of infectious or autoimmune antibodies, including anti-ganglioside, and paraneoplastic antibodies, was demonstrated. Positivity for MOG antibodies on serum was detected. The patient was diagnosed with radiculomyelitis associated to MOG antibodies and treated with intravenous steroids with marked improvement of symptoms.

MOGAD is an inflammatory disease of CNS. A few cases of radiculomyelitis associated to MOG antibodies have been described. In our patient, clinical, radiological and neurophysiological examinations led to the diagnosis. This rare phenotype can be due to the undefined line between the CNS and PNS at the transitional zone, where nerve roots contains astrocytes, oligodendrocytes, and central myelin, whilst they are well segregated elsewhere.

Our case underlines the importance of checking MOG antibodies in radiculomyelitis of uncertain cause.

Neurophysiology and pain

Abstract P236 - Cod. 142894

ANALGESIC POTENTIAL OF ALLOPREGNANOLONE IN MALE AND FEMALE MODELS OF BORTEZOMIB-INDUCED PERIPHERAL NEUROPATHY

Iseppon F.*[1], Tonelli E.[1], Fabbro V.[1], Chiorazzi A.[1], Canta A.[1], Alberti P.[1], Carozzi V.A.[1], Pozzi E.[1], Cherchi L.[1], Fermi S.[1], Segmani I.[1], Fantoni L.[1], Rodriguez--Menendez V.[1], Ballarini E.[1], Cavaletti G.[1], Distasi C.[2], Lym D.[2], Giatti S.[3], Meregalli C.[1]

[1] Università Milano-Bicocca, Dipartimento di Medicina e Chirurgia, Monza, Italy, [2] Università del Piemonte Orientale, Dipartimento di Scienze Farmaceutiche, Novara, Italy, [3] Università degli Studi di Milano, Dipartimento di Scienze Farmacologiche e Biomolecolari "Rodolfo Paoletti", Milano, Italy

Proteasome inhibitor bortezomib (BTZ) causes painful peripheral neuropathy (BIPN) that hinders patients' quality of life. Currently, there has been little preclinical research investigating sexually dimorphic differences in BINP or in the response to therapeutics. Therefore, identifying novel compounds with favorable safety profiles is essential to develop effective strategies. Several reports suggested that similar paradigms can be ameliorated by concomitant use of neuroactive steroids, cholesterol derivatives with proven neuroprotective effects.

Therefore, we tested the analgesic potential of allopregnanolone (ALLO) in rodent models of BIPN. Female and male Wistar rats were intravenously treated with BTZ (0.2 mg/kg, 3qw) for 4 weeks together with subcutaneous co-administrations of BTZ and ALLO (3mg/kg) every other day. We investigated the efficacy of ALLO using a battery of behavioral and neurophysiological tests, morphometrical analyses of myelinated nerves and intraepidermal small unmyelinated fibers densities, and macrophage infiltration assays.

The development of BINP in these animals was not dependent on their sex, since BTZ led to the development of neuropathy and allodynia in both males and females, and was similarly alleviated by ALLO. Moreover, BTZ induced significant loss of both myelinated and unmyelinated fibers in the caudal nerves and skin, respectively. ALLO successfully protected unmyelinated fibers from degeneration in both sexes.

Taken together, our results show that ALLO could represent a valuable tool to manage painful BIPN in the clinical setting for both sexes, paving the way for further testing of its therapeutic potential.

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Neurophysiology and pain

Abstract P238 - Cod. 143088

CARDIOVASCULAR AND SYMPATHETIC REACTIVITY DURING MENTAL STRESS IN HYPOCRETIN-DEFICIENCY NARCOLEPSY: A MICRONEUROGRAPHIC STUDY

Furia A.*[1], Pizza F.[1], Plazzi G.[2], Liguori R.[1], Donadio V.[1]