Table 1. Nerve Conduction Studies of the Patient with Presumed Paraneoplastic Neuropathy Due to Systemic Metastatic Prostate Cancer

Nerve	Side	DL (ms)[a]	Amplitude[b]	NCV (m/s)
Motor nerve conduction studies				
Median	Left	5.28	7.90	58.1
	Right	4.66	5.10	55.6
Ulnar	Left	3.42	5.80	59.2
	Right	3.33	6.30	57.3
Peroneal	Right	2.91	4.70	46.7
Tibial	Right	5.64	8.10	46.2
Sensory nerve conduction studies				
Median	Left	4.58	4.06	38.2
	Right	3.88	4.15	43.8
Ulnar	Left	3.46	7.62	37.6
	Right	3.30	6.59	40.9
Sural	Left	2.90	12.5	44.3
	Right	2.78	14.2	46.8

[a]DL: distal latency in milliseconds (ms); [b]Amplitude in millivolts (mV) for motor nerve conduction and in microvolts (uV) for sensory conduction studies.
NCV: nerve conduction velocity in meters per second (m/s).

limbs. Auditory brainstem evoked responses showed remarkable increases in hearing thresholds in both ears with delayed latencies of wave I at 2.7 ms in the left and at 2.56 ms in the right. The interpeak latencies I-III, III-V, and I-V remained normal. Fluorescence angiography (FAG) of the retinal vasculature showed delayed central retinal arterial filling with peripapillary exudates and hemorrhage (Fig. 1). X-rays of the skull, chest, spine, and pelvis showed diffuse osteosclerotic (osteoblastic) changes of the cranial vault, skull base, ribs, vertebrae, and pelvic bone (Fig. 2). Prostate sonography showed an enlarged prostate with a hypoechoic region. Computed tomography of the brain showed hyperostosis of the skull, especially of the petrous bone with obliteration of the mastoid air cells (Fig. 3, left panel). Magnetic resonance images (MRI) of the brain showed focal enhancement of the leptomeninges on T1-weighted images following intravenous injection of gadolinium-DPTA (Fig. 3, right panel). Cerebrospinal fluid (CSF) examination performed on the third hospital day showed remarkable elevation of the lumbar CSF opening pressure at 400 mm H_2O and terminal pressure at 360 mm H_2O. CSF glucose was 50 mg/dl (blood glucose was 90 mg/dl), CSF protein was 56 mg/dl, CSF red cells were 11 mm^3, and there were no white cells. CSF cytology was negative (acellular collection). CSF CEA measured 9.27 ng/mL, and serum CEA was 5.24 ng/mL. A biopsy of the right cervical lymph node showed metastatic nests of neoplastic cells with acinar differentiation or a vague cribriform pattern. Tumor cells positively stained for prostatic specific antigen (PSA) (Fig. 4) and prostatic acid phosphatase. The patient received combination therapy by oral administration of

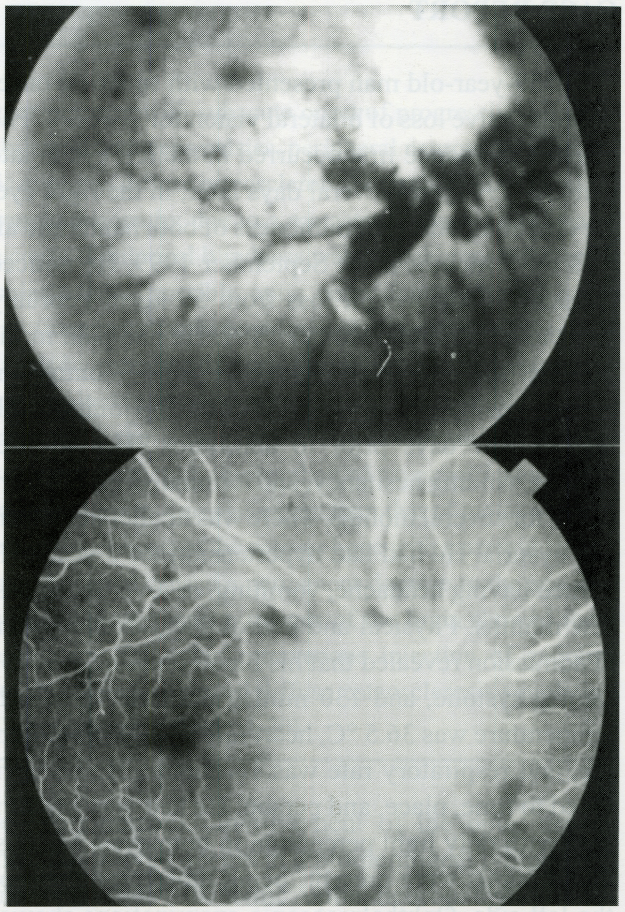

Fig. 1. Fluorescence angiography (FAG) of a 59-year-old man with subacute onset of progressive bilateral blindness caused by a hemorrhagic type of central retinal vein occlusion (CRVO) and bilateral optic disc edema. The delayed central retinal arterial filling with peripapillary exudates and hemorrhages is striking. The macular area appears edematous. Upper panel: left eye; Lower panel: right eye.