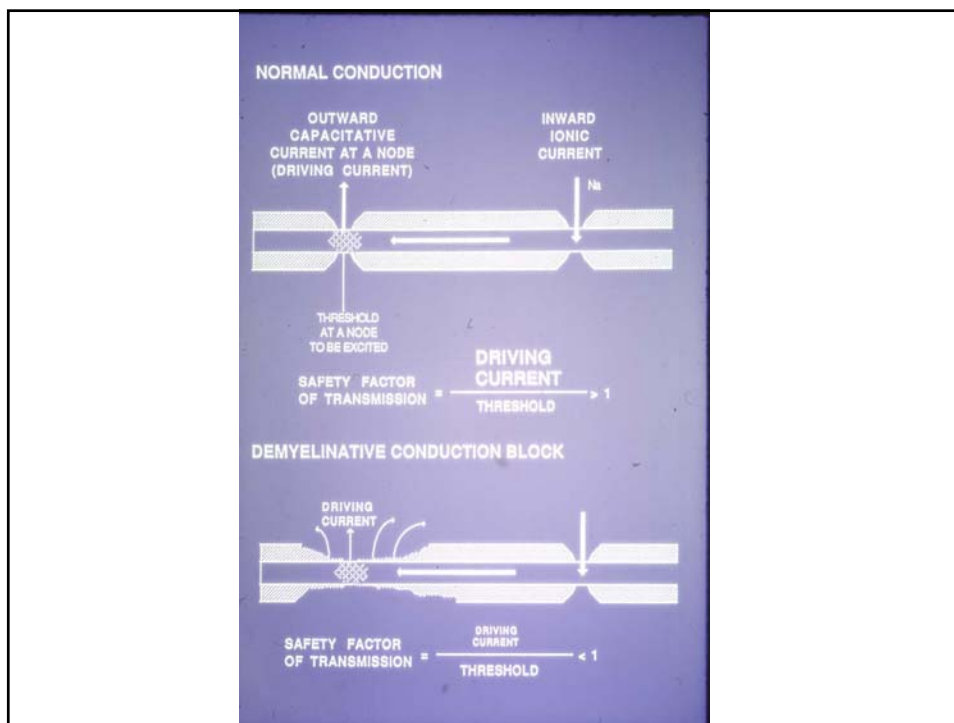
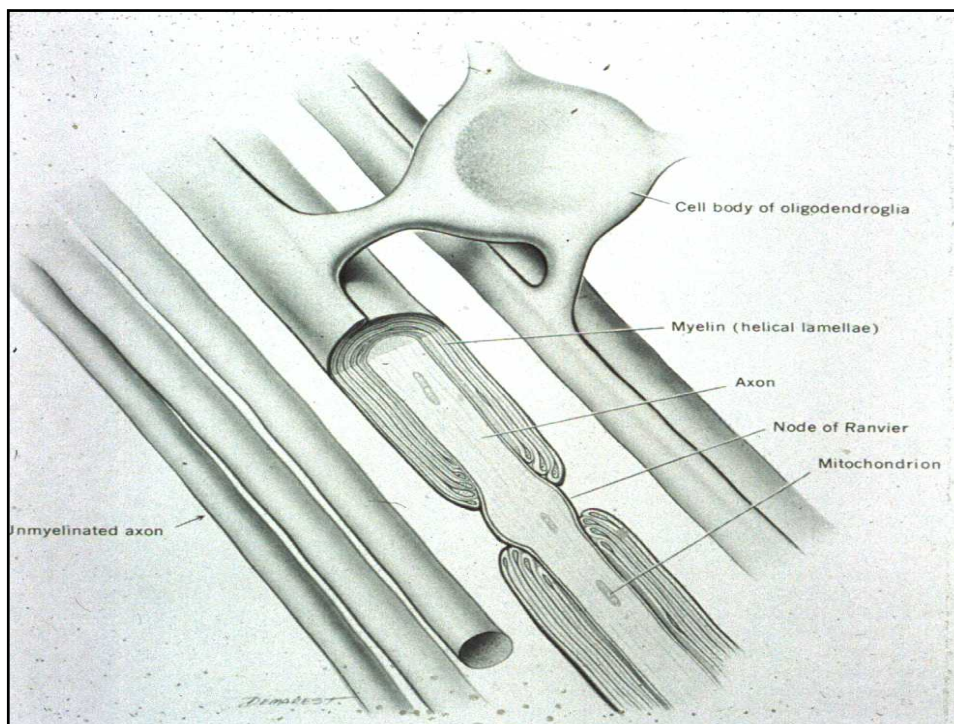
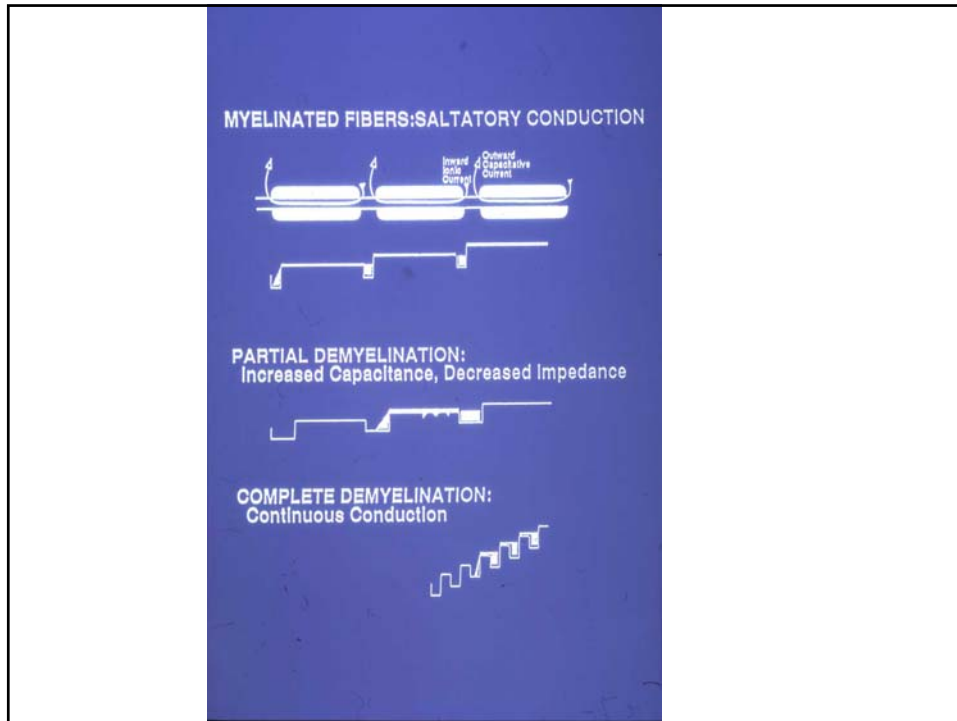


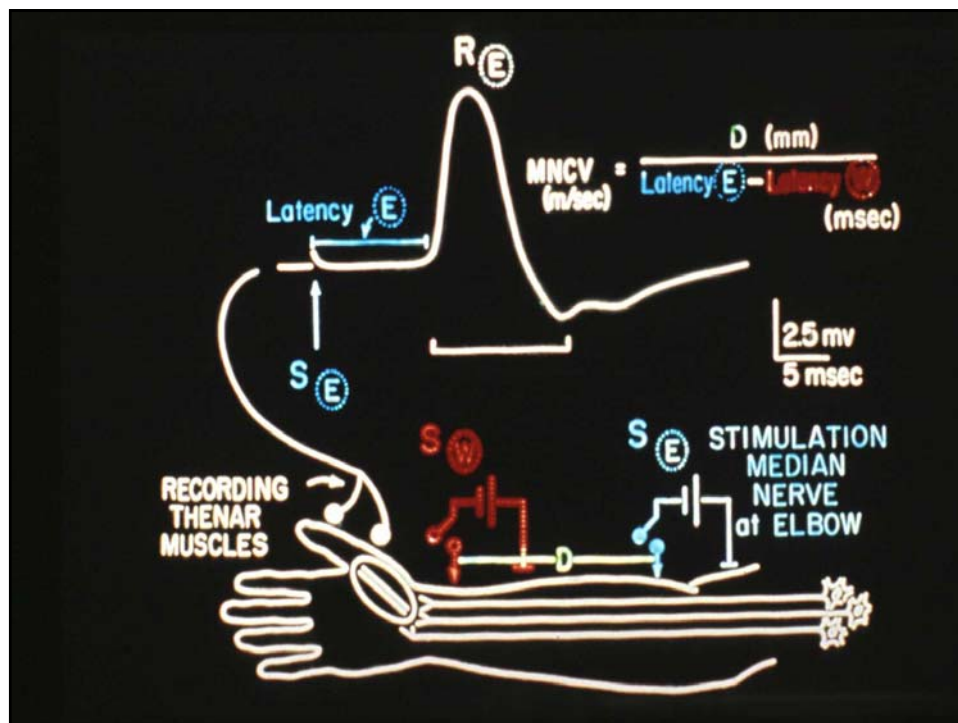
Depolarization	Opening of voltage-dependent Na <sup>+</sup> channels
Repolarization	Largely current leak
Refractory periods	Inactivation of Na <sup>+</sup> conductance
Supernormal period	Passive discharge of current stored in internodal membrane, limited in size by paranodal fast K <sup>+</sup> channels
Late subnormal period	Activation of nodal slow K <sup>+</sup> channels
Posttetanic subexcitability	
• Following short trains (H <sub>1</sub> )	Activation of nodal slow K <sup>+</sup> channels
• Following long trains (H <sub>2</sub> )	Activation of electrogenic Na <sup>+</sup> /K <sup>+</sup> pump

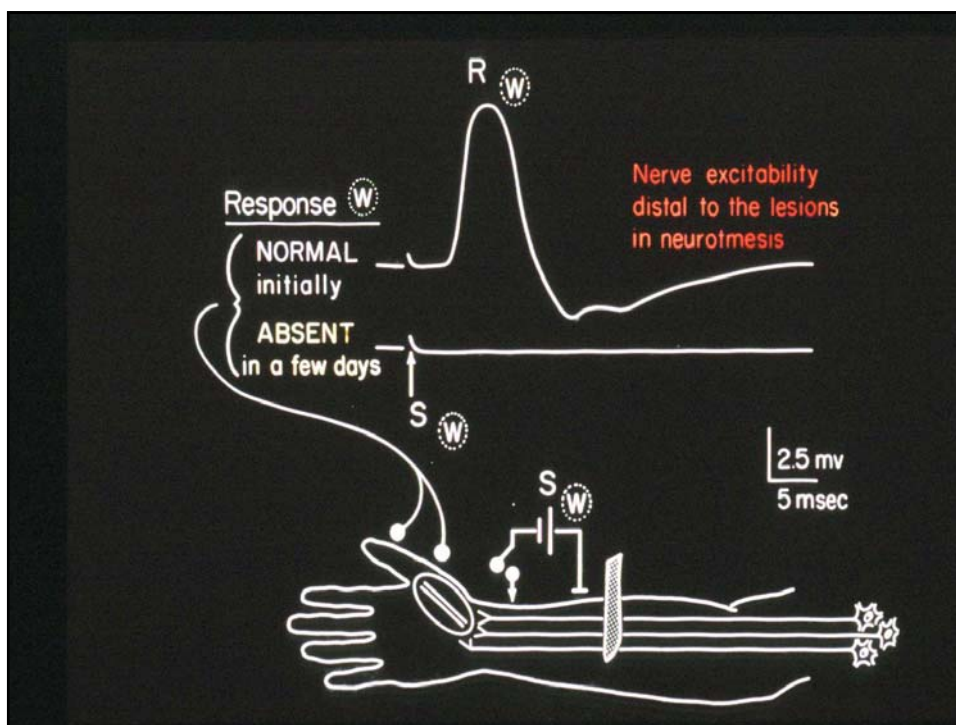
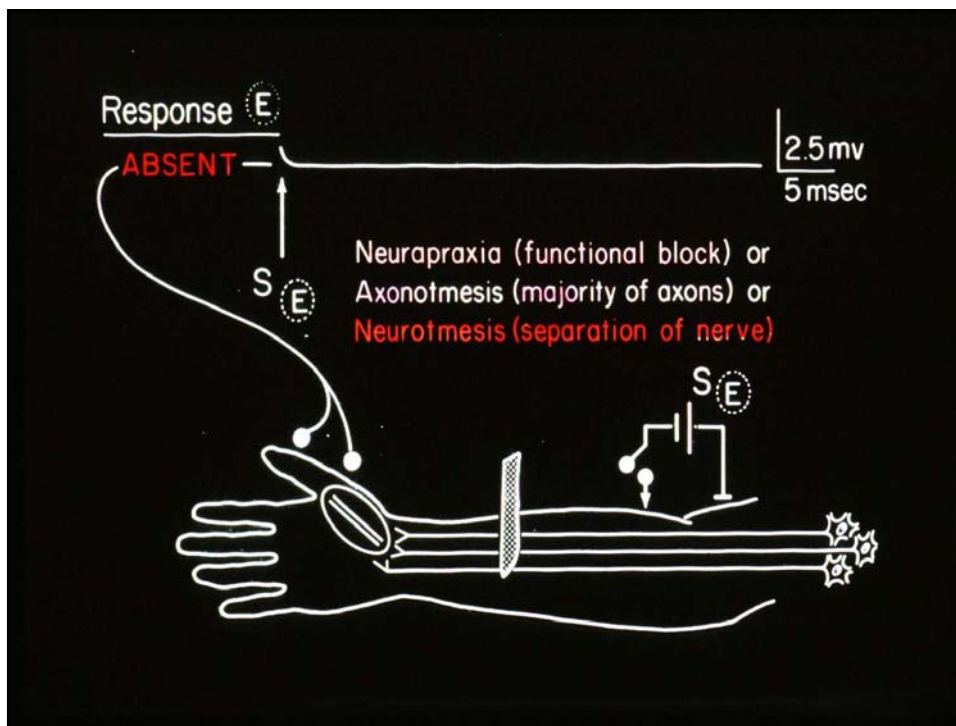




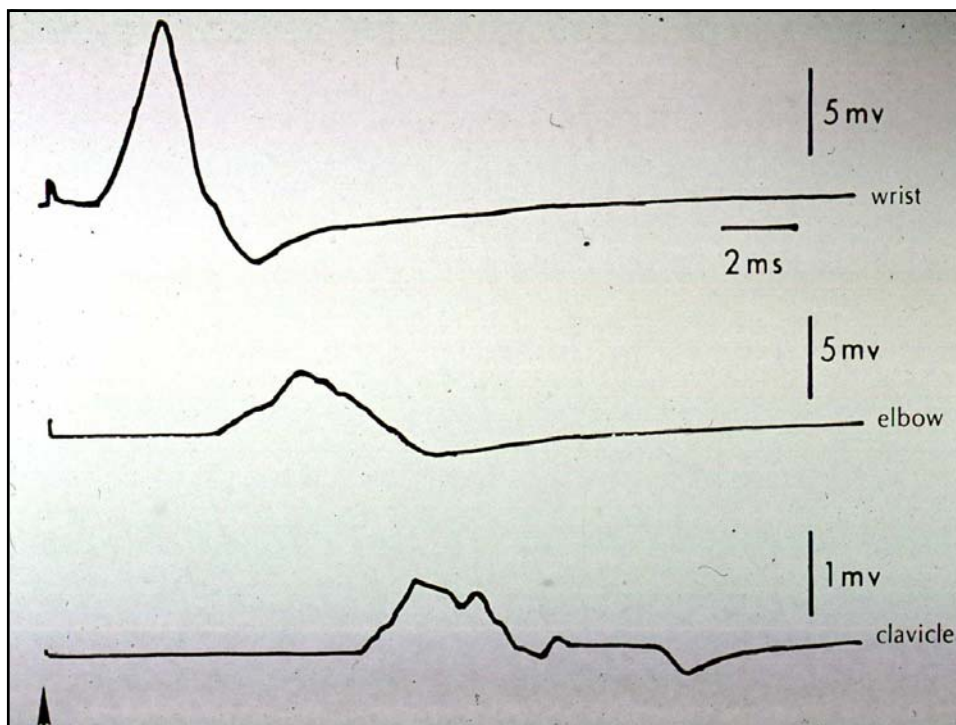
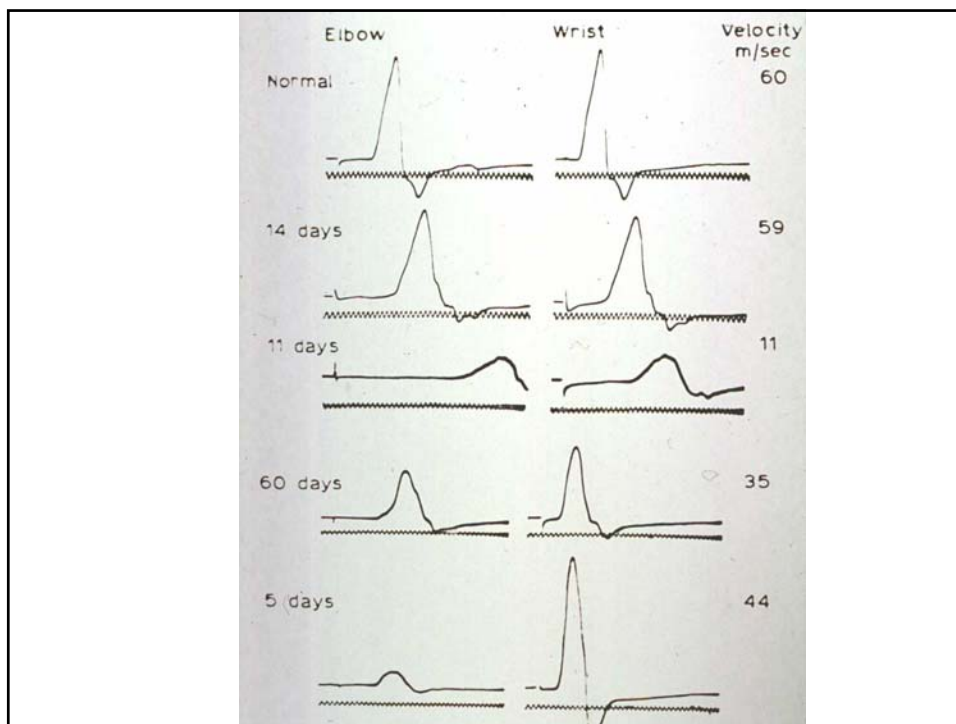
## PHYSIOLOGICAL CONSEQUENCES OF DEMYELINATION

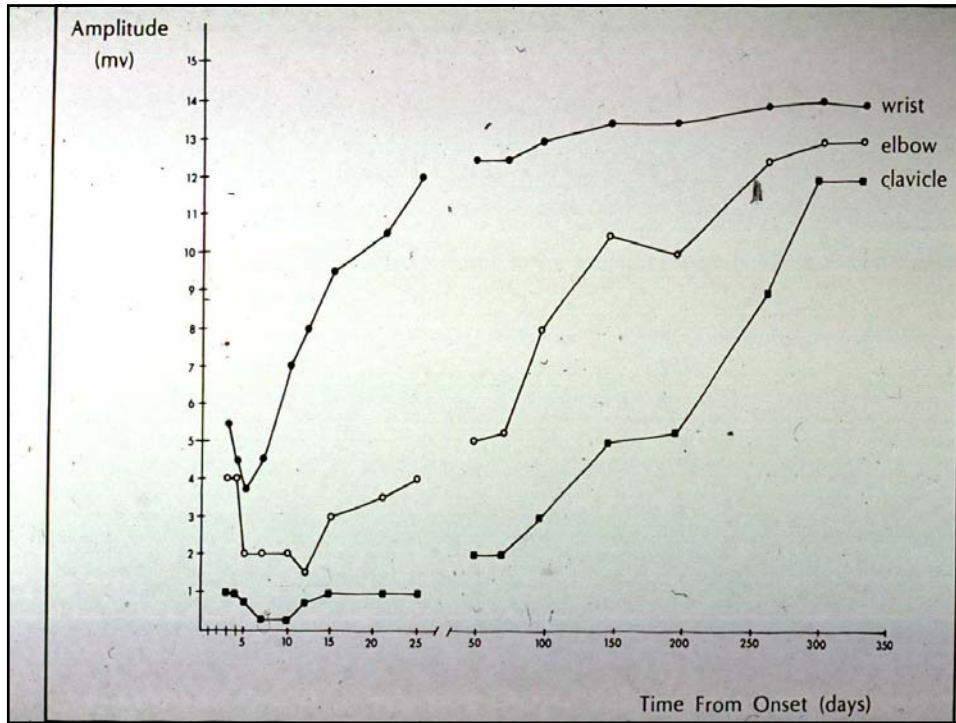
1. COMPLETE CONDUCTION BLOCK
2. SLOWED CONDUCTION
3. FAILURE TO TRANSMIT HIGH-FREQUENCY IMPULSES (RATE-DEPENDENT BLOCK)
4. ECTOPIC IMPULSE GENERATION
5. EPHAPTIC TRANSMISSION











**Case AW** 39-year-old male, a businessman

C.C. Weakness in Hands and Legs

Weakness and Atrophy

in Lt Small Hand Muscles for 3 years

Rt Peroneal Muscles for 2 years

Lt Tibial Muscles for 1 year

Rt Small Hand Muscles for 6 months

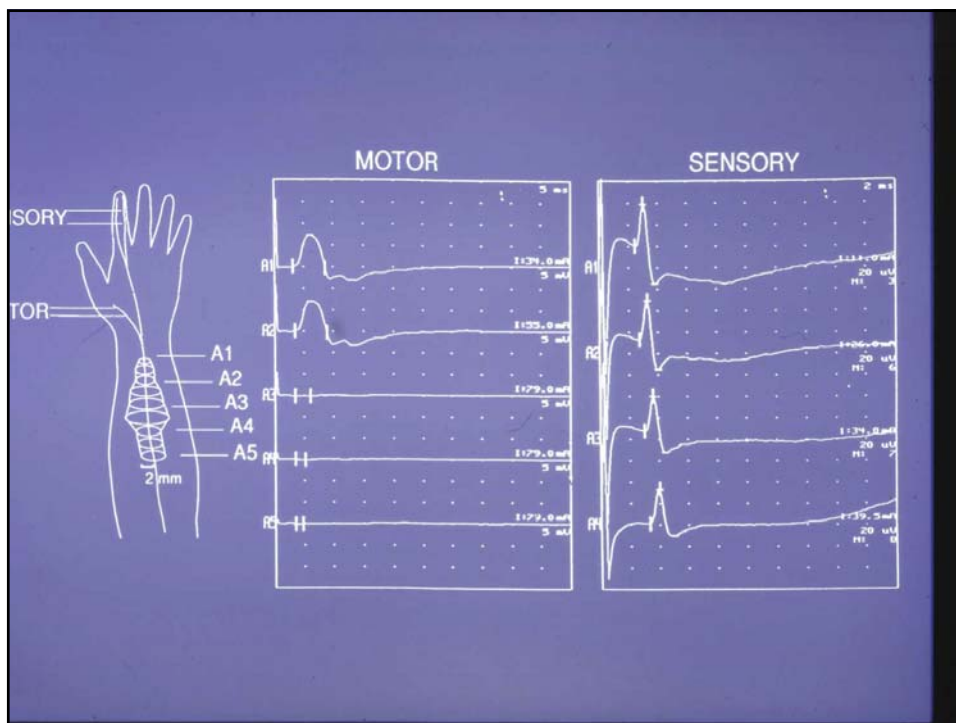
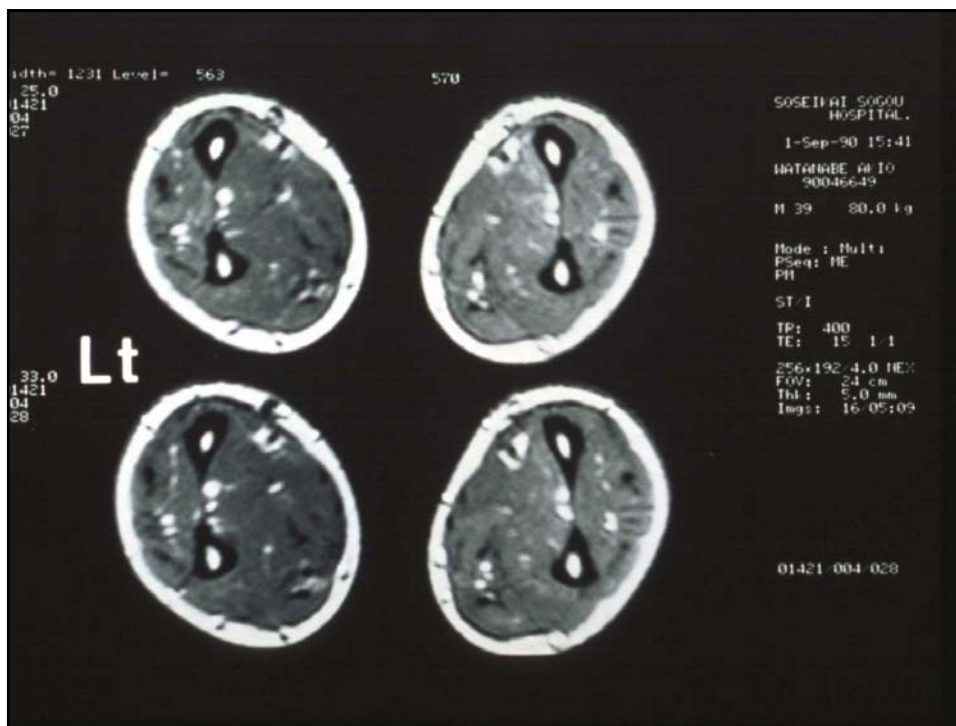
Slowly Progressive Course

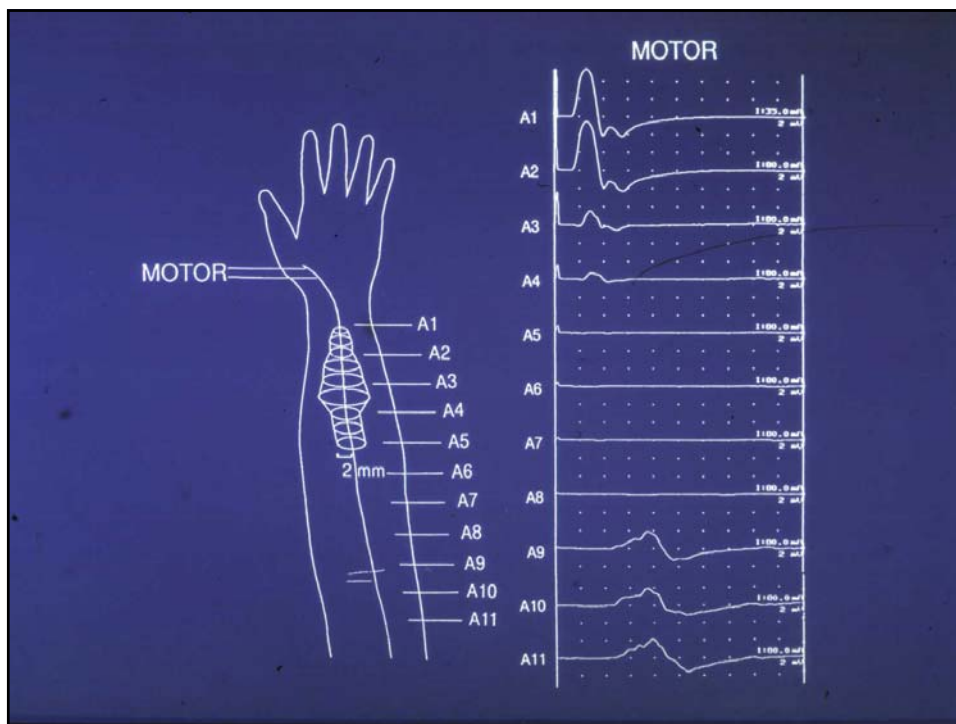
and No Sensory Complaints

DTRs : Normal in Upper Extremities

Hypoactive in Lower Extremities

Anti-GM1 Titer : X400





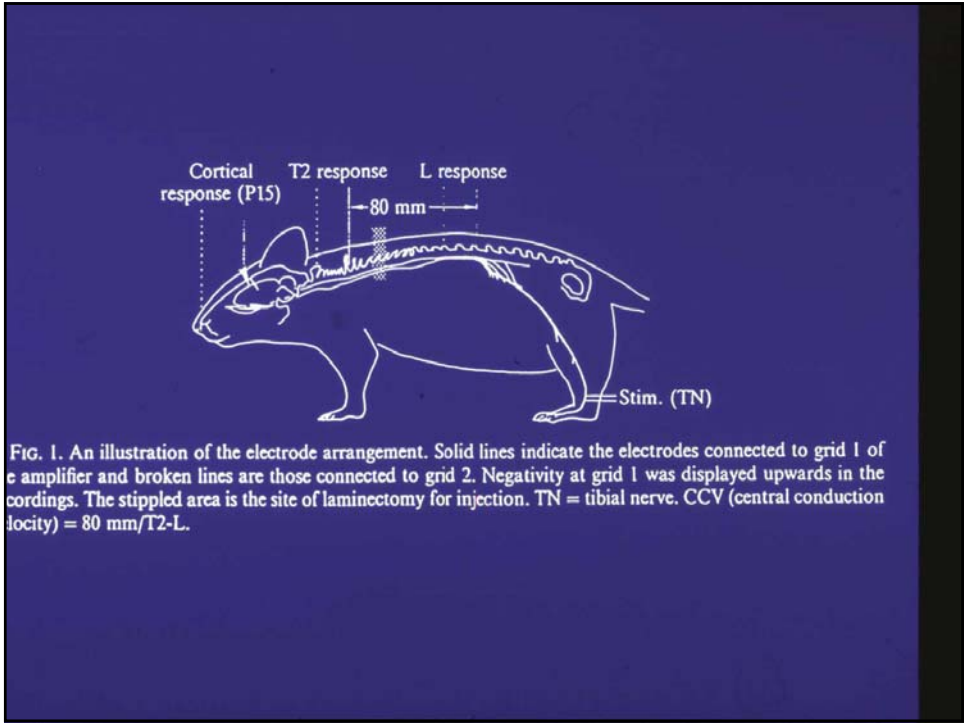
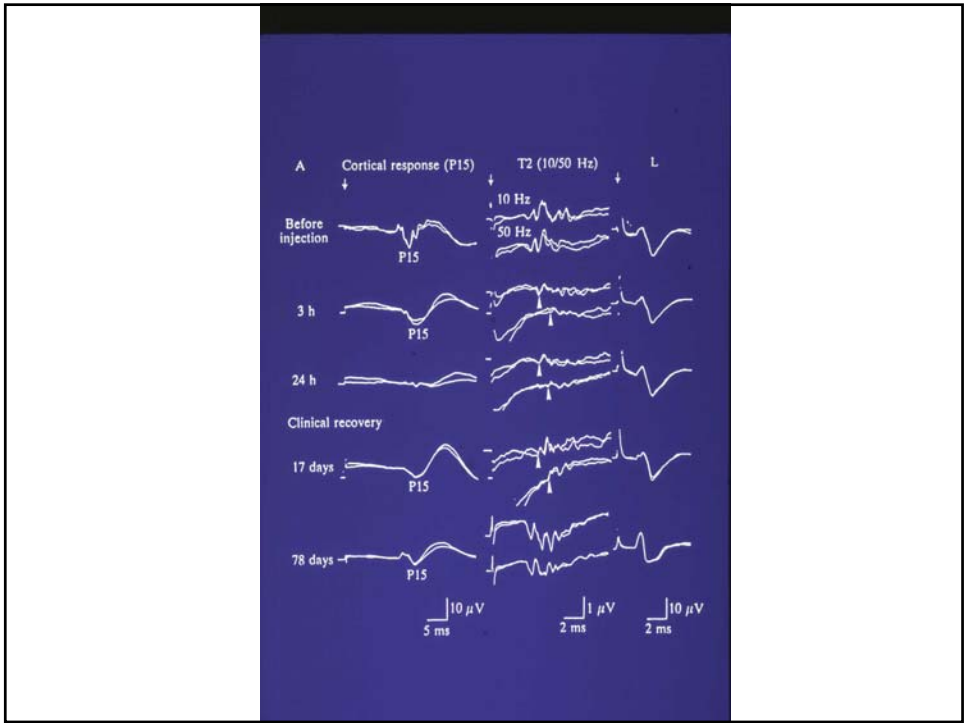


FIG. 1. An illustration of the electrode arrangement. Solid lines indicate the electrodes connected to grid 1 of the amplifier and broken lines are those connected to grid 2. Negativity at grid 1 was displayed upwards in the recordings. The stippled area is the site of laminectomy for injection. TN = tibial nerve. CCV (central conduction velocity) = 80 mm/T2-L.



# TEMPERATURE

