On-line Table: Clinical features in patients with zoster-associated plexopathy

Patient	Age (yr), Sex	Rash Distribution	Electrodiagnostic Findings	Clinical Diagnosis	Interval between Weakness and Imaging (days)	Imaging Study Performed	Summary of Findings
1	71, M	Right upper extremity	Low-amplitude ulnar CMAP Low-amplitude ulnar SNAP; fibrillation potentials and reduced recruitment of large MUPs in lower trunk–innervated muscles	Mild right lower trunk brachial plexopathy	215	Brachial plexus MRI	Enlargement of the right C8 nerve root extending to the posterior cord; denervation changes seen with increased T2 signal in the infraspinatus
2	77, M	Left C5/6 dermatomes	Low-amplitude median CMAP Absent median and lateral antebrachial SNAPs; fibrillation potentials and reduced recruitment of MUPs in most upper limb muscles	Moderate left pan-brachial plexopathy	23	Brachial plexus MRI	Increased T2 signal and enlargement of the entire left brachial plexus, most marked in the upper trunk, lateral cord, and posterior cord; denervation changes throughout supraspinatus and infraspinatus
3	86, F	Right C6/7 dermatomes	Low-amplitude ulnar CMAP Low-amplitude median and radial and absent ulnar SNAPs; fibrillation potentials and reduced recruitment of large MUPs in most upper limb muscles	Moderate right pan-brachial plexopathy	41	Brachial plexus MRI	Increased T2 signal without enhancement of the entire left brachial plexus; atrophy and increased T2 signal in teres minor
4	77, M	Left C2–5 dermatomes	Low-amplitude upper limb CMAPs Fibrillation potentials and reduced recruitment of large MUPs in lower trunk–innervated muscles	Moderate left lower trunk brachial plexopathy	41	Brachial plexus MRI	Negative MRI and PET findings
5	68, M	Left C6–8 dermatomes	Low-amplitude ulnar CMAP Absent ulnar and medial antebrachial SNAPs; fibrillation potentials and reduced recruitment of large MUPs in most upper limb muscles, worst in those innervated by the lower trunk	Moderate left lower trunk brachial plexopathy	132	Brachial plexus MRI	Negative MRI findings
6	75, M	Left C6/7 dermatomes	Low-amplitude median and ulnar CMAPs Absent median and radial SNAPs; fibrillation potentials and reduced recruitment of MUPs in most upper limb muscles	Severe left pan-brachial plexopathy	77	Brachial plexus MRI	Increased T2 signal without enhancement of the entire left brachial plexus; denervation changes in infraspinatus, supraspinatus, and deltoid
7	84, M	Right C5 dermatome	Low-amplitude median CMAP Absent lateral antebrachial SNAP; fibrillation potentials and no MUPs under voluntary control in upper trunk–innervated muscles	Severe right upper trunk brachial plexopathy	43	Brachial plexus MRI	Normal brachial plexus but denervation changes in supraspintus, infraspinatus, and subscapularis
8	63, M	Left L5 dermatome	Low-amplitude peroneal CMAP Low-amplitude sural and absent superficial peroneal SNAPs; fibrillation potentials and reduced recruitment of large MUPs in all lower limb muscles	Moderate left lumbosacral plexopathy	55	Lumbosacral plexus MRI	Negative MRI findings
9	54, F	Left C4/5 dermatomes	Absent lateral antebrachial cutaneous SNAP Fibrillation potentials and reduced recruitment of MUPs in upper and middle trunk–innervated muscles	Moderate left upper and middle trunk brachial plexopathy	7	Brachial plexus MRI	Mild increased T2, most prominent in the posterior cord without enhancement; changes of polymyositis present
10	70, F	Right L3–4 dermatomes	Low-amplitude tibial CMAP Fibrillation potentials and reduced recruitment of MUPs in L3–4–innervated muscles, sparing paraspinals	Moderate right lumbosacral plexopathy	37	Lumbosacral plexus MRI	Increased T2 in the right lumbar plexus and femoral nerve

Note:—CMAP indicates compound muscle action potential; MUP, motor unit potentials; SNAP, sensory nerve action potential.