## **Supplementary Table 1.**

Sensory and Mixed Nerv	е со	nduction s	tudies			
		Right		Left		
		μV	m/s	μV	m/s	
Sural (calf-ankle)		absent	-	33	50	
Superf. Peroneal (calf-ankle)		20	50	absent	-	
Saphenous (calf-ankle)		absent	-	3	46	
Motor Nerve conduction	stuc	dies				
		mV	m/s	mV	m/s	
Common peroneal CMAP (ankle) – (SE on EDB)		absent	-	absent	-	
Tibial CMAP (ankle) – (SE on AH)		absent	-	14.4	-	
Concentric needle EMG					•	
	Spontaneous activity Fibs/PSW		Recruitment			
Right Adductor Longus	4+			No MUAPs under voluntary control		
Left Adductor Longus	4+			As above	As above	
Right Iliopsoas	4+		=	As above	As above	
Right Gastrocnemius	4+		-	As above		
Left Tibialis Anterior	4+		-	As above	As above	

**Neurophysiological studies and electromyography.** Severe post-ganglionic lesions were demonstrated in the left peroneal division of the sciatic nerve, the right tibial division (including a complete sural nerve lesion), the motor branch of the right peroneal division, as well as the obturator nerves bilaterally (not shown) and the right femoral nerve (not shown). The motor and sensory responses from the upper limbs were normal (not shown). The needle EMG showed complete denervation in both adductor longi bilaterally, the right iliopsoas, the medial head of the right gastrocnemius and the left tibialis anterior. Overall, the neurophysiological findings were consistent with multifocal mononeuropathies.

## **Supplementary Table 2.**

Table of Investigations			
Serological tests (units)	Results (on presentation)	Normal Ranges	
Full Blood count	normal		
Renal/liver/bone profile	normal		
Thyroid profile	normal		
CRP (mg/L)	2.2	1-5	
LDH (IU/L)	534	135 - 214	
B12 (pg/mL)	369	197-771	
Folate (ng/mL)	4.7	2.9-26.8	
ANA titres	negative		
ANCA titres	negative		
ENA antibodies	negative		
Rheumatoid factor	negative		
Anti-CCP antibodies	negative		
Complement C3 and C4	normal levels		
β <sub>2</sub> microglobulin (mg/L)	2.8	< 2.3	
Tissue Transglutaminase	negative		
& Gliadin antibodies			
HIV-1 & 2 Ag/Abs	negative		
Anti-neuronal antibodies	negative		
HTLV 1 & 2 serology	negative		
CMV serology	negative		
EBV serology	positive IgG		
HBV, HCV, HEV serology	negative		
Lyme serology	negative		
Mycoplasma serology	negative		
Serum Protein	No paraprotein; generalised decrease in gamma		
Electrophoresis	globulins		
Serum Free light chain ratio	Normal		
Immunofixation	No paraprotein		
Urinary Bence Jones Protein	No paraprotein		
CSF examinations	On presentation	Repeat	
Appearance	Clear & colourless	Clear & colourless	
Opening Pressure (cmH₂O)	-	-	
WBC	2 (lymphocytes)	4	
Protein (g/L)	0.68	0.72	
CSF/serum glucose ratio	3.2 / 4.8	-	
OCBs	negative	-	
Viral PCR	negative <sup>1</sup>	-	
Cultures	no growth	no growth	
Cytology	no atypical cells <sup>2</sup>	no atypical cells <sup>3</sup>	
LDH	within range	-	
MRI brain with contrast	Normal intracranial appearar	nces	

<sup>&</sup>lt;sup>1</sup> Viral PCR panel included: Enterovirus, Herpes simplex virus 1 & 2, Varicella Zoster Virus, Cytomegalovirus, Epstein-Barr virus, JC virus, BK virus, Hepatitis E

 $<sup>^2</sup>$  Although no atypical cells were seen, there was a predominantly T-cell population present in this cerebrospinal fluid specimen. Immunotyping shows that CD3+5+ T-cells account for 90.2% of lymphocytes and these T-cells are predominantly CD4+ (96.1%). CD19+ B-cells account for 1% of

lymphocytes. Multiplex PCR and capillary electrophoresis is negative for the detection of clonal T-cell receptor beta and gamma chain gene rearrangements.

<sup>3</sup> Few mature CD3+4+5+8-56- T-cells are identified.