

Peripheral neuropathy Cheat Sheet by Siffi (Siffi) via cheatography.com/122609/cs/23830/

Hereditary Metabolic/endocrine Vascular Toxic Autoimmune Paraproteinaemia Idiogetice Negative Symptoms Loss of feeling, numb, deadness Hypeaesthesia Hypagesia Positive Symptoms Pins and needtes, tingling, burning Paraesthesias Dysaesthesias Hyperalgesia Hyperalgesia Hyperalgesia Hyperalgesia Hyperalgesia Hyperalgesia Hyperalgesia Disaesthesias Disaesthesias Disaesthesias Disaesthesias Disaesthesia Allodynia Other symptoms: Diminished proprioception Cramps Diminished proprioception Cramps Diminished preprioception Cramps Diminished preprioception Cramps Diminished preprioception Cramps Disal paraesthesia and proximal/distal wasting 1-2 weeks after a Glirespiratory infection	Causes
Vascular Toxic Autoimmune Paraproteinaemia Paraneoplastic disease Iatrogenic Deficiencies Trauma Infective Compression/entrapment Idiopathic Negative Symptoms Loss of feeling, numb, deadness Hypeagesthesia Hypalgesia Positive Symptoms Pins and needles, tingling, burning Paraesthesias Hyperalgesia Hyperalgesia Hypeagesthesia Allodynia Other symptoms: Diminished proprioception Cramps Diminished reflexes Acute Symmetrical Peripheral Neuropathy Caused by Guillain-Barre syndrome Distal paraesthesia and proximal/distal wasting	Hereditary
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Caused by Guillain-Barre syndrome Distal paraesthesia and proximal/distal wasting	Diminished proprioception Cramps
Caused by Guillain-Barre syndrome Distal paraesthesia and proximal/distal wasting	Acute Symmetrical Peripheral Neuropathy
Distal paraesthesia and proximal/distal wasting	
1-2 weeks after a Onrespiratory infection	
Schwann cells are attacked by immune cells	



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S&S

- Paraesthesia/pain in the limbs
- Weakness in the limbs (symmetrical)
- Both proximal and distal muscles affected
- Facial and bulbar paralysis
- Reflexes depressed/absent
- Variable sensory loss rare
- Weakness of extraocular muscles -rare
- Usually affects the lower limbs and works its way up. Treatment needed ASAP before the condition affects the phrenic nerve

Multiple Mononeuropathy

- Caused by vasculitis (neurological emergency)
- Treated with steroids
- RA, SLE, Polyarteritis nodosa should increase suspicion of vasculitis

Chronic Symmetrical Peripheral Neuro

- Chronic + develops over several months
- Ask about alcohol consumption, toxin exposure (insecticides, solvents), drugs, carcinoma

B12 Deficiency

- Demyelinative and axonal sensory
- Constant, distal tingling in paraesthesia
- Glove and stocking- hands before feet
- Can have distal motor loss
- Serum B12 levels to be checked
- Treated by intramuscular injections

Alcoholic Neuropathy

- Often affects small fibres primarily sensory
- Usually starts in the feet dysaesthesia
- Painless distal motor neuropathy
- Refer to GP to be treated with high does of B1 + alcohol programs

Diabetic Neuropathy

- Burning in the feet aching, cramping and tingling
- Worse at night
- Can present in the hands as erythermalgia
- Sensory ataxia can be present



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Diabetic Neuropathy (cont)

- Urine: Glucose/protein

Haematology: FBC, ESR, B12 folate

Biochemistry: Fasting glucose, TSH, Renal function, liver function

- Can mimick iatrogenic (cisplatin), neoplasm, Sjorgerns or idiopathic sensory mononeuropathy

Paraneoplastic syndromes

- Rare, an immune system reaction to a neoplasm/cancerous tumour
- Affects middle aged to older persons with lung, ovarian, lymphatic or breast cancer
- Neurological symptoms occur when immune cells attack cells in the nervous system
- Neurological symptoms = difficulty in walking/swallowing, loss of muscle tone, loss of fine motor coordination, slurred speech, memory loss, vision problems, sleep disturbances, dementia, seizures, sensory loss in the limbs, vertigo
- Lamber-Eaton, Stiff person syndrome, encephalomyelitis, myasthenia gravis, cerebellar degeneration, limbic/brainstem encephalitis, neuromyotoma, opsoclonus and sensory neuropathy are all neuro paraneoplastic syndromes
- Treated by steroids (decreases immune response), high dose intravenous immunogloblin, plasmapheresis

Paraproteinemia

- Excessive amounts of single monoclonal gammagloblin
- Underlying immunoproliferative disorder
- Caused by Leukaemias and lymphomas, Myeloma, Waldenström macroglobulinemia, Amyloidosis
- If no cause found "Monoclonal gammopathy of undetermined siginificance" is used

Erythromelalgia

- AKA Mitchell's disease, red neuralgia or erthermalgia
- Blood vessels in lower extremities are blocked and inflammed
- Symmetrical severe burning pain, skin redness, swelling
- Triggered by: Heat, alcohol, sugar and melon consumption and exertion
- Can be primary or secondary

Primary: mutuation of voltage gated sodium channel

Secondary: small fibre peripheral neuropathy, hypercholesterolemia, mushroom/mercury poisoning, some autoimmune disorders

- Primary suffers often avoid wearing shoes/socks

Vasculitis

- Inflammation of the blood vessels due to an immune response
- Inflammation of a vessel can: Narrow it, Close off and stretch and weaken (aneurysm)
- Fever, swelling, feeling unwell
- Treated with steroids



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