

## Approach to Peripheral Neuropathy

The diagnosis of peripheral neuropathy is suggested when the characteristic features of distal weakness and wasting, stocking-glove sensory loss, and loss of tendon reflexes are present. In addition, answers to certain questions can help establish a specific diagnosis.

### 1. What is the distribution of the neuropathy?

Symmetric polyneuropathy	toxic or metabolic disorders (think diabetes or alcohol)
Mononeuropathy	local entrapment or infarction
Asymmetric polyneuropathy	infarction (think diabetes and vasculitis)

### 2. Is the neuropathy primarily motor, sensory or mixed?

Mixed	Most neuropathies are of the mixed type
Motor	Guillain-Barre, diphtheria, porphyria, lead are predominantly motor
Sensory	Hereditary sensory neuropathy, Vitamin B12 deficiency, and some paraneoplastic syndromes (especially lung) are primarily sensory

### 3. Is there a history of occupational or recreational exposure to toxic agents?

Drugs	gold, amiodarone, phenytoin, nitrofurantoin, metronidazole, INH, cisplatin, vincristine, DDI
Industrial agents	hexacarbons in solvents, polyurethane foam, heavy metals, organophosphorus insecticides, trichloroethylene dry cleaners

### 4. Are there associated symptoms of systemic disease that can produce neuropathy?

- diabetes
- renal failure
- hypothyroidism
- collagen vascular disease
- pernicious anemia

In some cases, the polyneuropathy may be the first indication of the disorder.

### 5. Is there a family history of neuropathy?

The most common hereditary neuropathy is Charcot-Marie-Tooth Disease, previously known as peroneal muscular atrophy. It is characterized by distal weakness and atrophy of the lower extremities. While it is often diagnosed in childhood, the diagnosis may be delayed until adulthood. The outstanding clinical feature is the “champagne bottle” legs.