Polyneuropathies

- Bilaterally symmetric affection of the peripheral nerves, usually involving the legs more than arms, and the distal segments earlier and more severely than the proximal ones.
- Etiology autoimunne diseases, genetic diseases, toxic, metabolic, infectious diseases

Polyneuropathies – symptomatology

Numbness and sensory problems

nubmness, tingling, burning, the loss of proprioceptive fibers gives rise to sensory ataxia and tremor

- Motor symptoms (rarely) symetric, at lower extremities, later upper
- Loss of reflexes ankle, patellar, UE
- Trofic changes muscle atrophies, dryness of the skin, trophic changes (ulcers), foot deformations

Polyneuropathies - diagnosis

- EMG
- Biopsy
- Lumbar puncture
- Blood examination and serology
- Blood count, sugar, kreatinin, urea, liver enzymes, vit. B12, B1, uroprofyrins, koproporfyrins, rheumatoid serology, CIK, phytan acid (M. Refsum), ELFO, serology – infectious diseases

Polyneuropathies – classification

- Acute, chronic
- Histopatological classification
- Axonal, demyelinating
- According EMG
- According etiology

Polyneuropathies – ethiological classification

- Genetically determined
- Metabolically determined
- Nutritional polyneuropathy
- Dys- and paraproteinemias
- Infection diseases
- Poisoning with heavy metals, alcohol, ...

Polyneuropathies – genetically determined

- Hereditary motoric a sensory neuropathies (HMSN) – typ I – VII
- Typ I Charcot-Marie-Tooth
- AD, distal, LE, foot deformation, thickening of periferal nerves, decreased velocity, biopsy axonal degenration, de- and re-myelinisation, onion formations
- Typ IV M. Refsum AR, retinitis pigmentosa, loss of hearing, heart and skin signs, skeleton deformations, phytan acid

Polyneuropathies – genetically determined

 In acute liver porphyria moneuritis multiplex, motoric polyradikuloneuritis, kvadruparesis

Primary amyloidosis

Polyneuropathies – metobolicaly determined

- Diabetic
- Uremia
- Liver cirrhosis
- Malnutrition vit. B₁₂, B₁ deficiency

Diabetic polyneuropathy

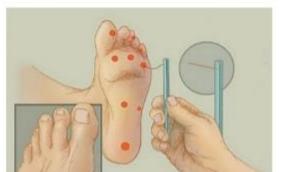
- After 5-10 years of DM
- 10% earlier than DM
- Patogenesis metabolic changes and ischemic changes of vasa nervorum (hyalinisation of the wall of vesels)
- Metabolic earlier problems with sensitivity, myelin fibers are resistant agains ischemia

Diabetic polyneuropathy

- Symetric, mainly distal
- Lower extremities more often
- Loss of proprioception, ataxia
- Neuropatic pain

Simple tools

Monofilament: 5.07 Semmes-Weinstein (10-g) nylon filament test (10-g monofilament test)



Diabetic neuropathy

- Diabetic polynuropathy
- Proximal assymetric diabetic PN / diabetic amyotrophy
 - Rare
 - Starts with night pain
 - Proximal (ischias)
 - Atrophy
- Mononeuropathy
- Cranial nerves lesions
- Autonomic neuropathy impotence, impairment of bladder and bowel function, heart rate, ...

1. Acute intoxication

 Changes in behavior, agressivity, incoordination of movement and gait, slurred speach

• Drowsiness, stupor, koma, problems with breathing

2. Abstinence and withdrawal syndrome

 Tremulousness, hallucinations, seizures, confusion, psychomotor and autonomic overactivity, which develops several hours or days after an addictive drinker abstains from alcohol

Delirium tremens

- In 10% starts with seizures
- Profound confusion, gross tremor, hallucinations, autonomic overactivity – fever, tachycardia, dilated pupils
- 48-96 hours after cessation of drinking

3. Alkohol a dementia

- Chronic abuse of alcohol kognitiv deficit (loss of neurons, brain atrophy)
- Wernicke encefalopathy (hemorhagic)
- Korsakov syndrom

- Wernicke encefalopathy
- Confusion, eye movement problems, ataxia dysarthria, ataxia of body and extremities, residual signs
- Loss of neuronos, axons, myelin, small hemorrhagies, – corpora mamillaria, around aqueductus, III. A IV. ventricles
- Th.: Thiamin 100 mg/day im., iv., B-komplex

- Korsak syndrom
- Amnestic syndrom with amnesia, confabulations

- Marchiafava-Bignami syndrom
- Demyelinisation of corpus callosum
- Confusion, seizures, dementia

- Alkoholic degeneration of cerebellum cerebellar atrophy
- Alkoholic polyneuropathy

- Alkoholic myopathy
- Acute nekrotisans myopathy, chronic myopathy

Liver encefalopathy

- Increased amoniak in blood
- Apathy, kognitiv disturbances
- Pyramidal signs
- Apraxia
- Unconsciousness
- MRI hyperintensive signals

• Hypoglycemia

- General signs, headache
- Neurological signs siezures, koma, acute hemiparesis

• Repating hypoglycaemia – loss of intelect, kognitive disturbances, dementia

- Hyperglycemia
- Metabolic encefalopathy
- DM risk of stroke

- Hypotyreosis
- Polyneuropathy axonal
- Tinnitus, loss of hearing, dizzines, ptosis
- Myalgia
- Loss of reflexes
- Apathy, concentration problems, problems with memory, depression, seizures

Hypertyreosis

- Tyreotoxic myopathy weakness of proximal muscles
- Dif.dg. MG, ocular myopathy
- seizures

Kidney - Uremia

- Uremic encefalopathy
- Concentration problems
- Kognitiv impariment
- Motoric problems, ponyeuropathy
- Seizures, multifocal myoclonus
- Delirium, koma



• Seizures – at the end or during dialysis (osmotic gradient)

Electrolytes disturbances

- Hyponatremia a hypoosmolality
- Water to CSF and brain cells brain oedema – decreased concentration of K – decreased action potential at membrane – incerased neuronal iritability
- Decreased brain blood flow
- Headache, problems with concentration, halucinations, seizures, koma

Electrolytes disturbances

- Hypernatremia a hyperosmolality
- Reason lack of water
- Water from brain cells and CSF to a body– decreased brain volume
- Cognitive impairment, focal signs, koma, trombosis oc capillaries

Central pontinne myelinolysis

- Demyelinisation of pons
- Rapid change in the level of electrolytes
- Dysfagia, dysartria, tetraparesis
- Ocular movement disorder
- Frequently in alcoholics after very rapid therapy of hyponatremia

Lupus erythematodes

- General, skin, heart, cardial signs, lung and kidney signs, myalgia
- Neurological symptoms 25-75%, 3% first signs
- Headache, depression, confusion, halucinations, hemiparesis, transversal spinal cord lesions, mononeuritis, polyneuritis, polymyozitis, brain infarcts

Lupus erythematodes

- Reason of stroke
- Lupoid anticoagulation antifosfolipid antibodies, cardial embolisation, vaskulitis
- CSF pleocytosis
- EEG diffuse changes, MRI more subcoritcal lesions of white matter