

Polyneuropathy

General:

Causes and frequencies of polyneuropathies: diabetes 34.8%, unknown 22%, alcohol 11%, acute GBS (acute Guillain Barré syndrome) 6%, infectious 5.4%, vasculitis 4.1%, CIDP (chronic inflammatory demyelinating polyneuropathy) 4.1%, malabsorption 3.8%, paraneoplastic 2.7%, HSMN (hereditary sensorimotor neuropathy) 2.2%, paraproteinemia 1.1%, toxic 0.9%, amyloidosis 0.5 %, HNPP 0.2%, others 0.9%.

Viral infections: encephalitis epidemica, influenza, hepatitis epidemica, herpes zoster, measles, mononucleosis, mumps, varicella, tick bite meningoencephalo-myelitis, rickettsioses, dysentery, toxoplasmosis, typhus, paratyphus. **Bacterial infections:** brucellosis, botulism, diphtheria, lepra, leptospirosis, neuroleues. Allergic reaction: serogenetic polyneuritis, idiopathic polyneuritis, Fisher syndrome, neuralgic amyotrophy of the shoulder.

| Disease or suspicion of | Disease or suspicion of |
|----------------------------|---|
| <i>(basal diagnostics)</i> | ESR, CRP, blood differential, electrolytes, liver and kidney parameters, protein electrophoresis, TSH |
| <i>diabetes mellitus</i> | glucose diurnal profile, HbA1c, oral glucose tolerance test |
| <i>alcoholism</i> | transaminases, MCV, CDT, vitamins |
| <i>funicular myelosis</i> | vitamin B12 |

Extended examinations:

| Disease or suspicion of | Special clinical comments | Diagnostics |
|---------------------------------------|---------------------------|--|
| <i>funicular myelosis</i> | ataxia, delayed SEP | vitamin B12, Schilling test, gastroscopy, parietal cell Abs, vitamin B1 and folic acid |
| <i>malreabsorption or -absorption</i> | loss of weight | xylose test, vitamin B1, vitamin B6, vitamin E, folic acid |

| Disease or suspicion of | Special clinical comments | Diagnostics |
|---|---|---|
| <i>vasculitis</i> | existing rheumatoid disorder or systemic vasculitis, focal neuropathy, subacute progressive pareses | rheumatoid factor, ANA (if pos., dsDNA and ANA profile screening (= ENA)), p-, c-ANCA, C3, C4, C3d, circulating immunocomplexes (CIC), cryoglobulins, hepatitis C serology, eosinophils |
| <i>neuroborreliosis</i> | history of tick bite and/or ECM, radiculoneuritis | borrelia serology, CSF/ serum examination (see CSF diagnostics) |
| <i>other microorganism-determined PNP</i> | | Serology: mycoplasma CMV, HIV, TPHA |
| <i>toxin detect. for C. diphtheriae</i> | | |
| <i>cryoglobulinemia</i> | suspicion of mycoplasma pneumonia, suspicion of chron. hepatitis | cryoglobulins, hepatitis C serology |
| <i>paraproteinemia</i> | chronic or subacute demyelinating PNP | immuno-electrophoresis, immunofixation, Bence Jones proteins in 24h-collecting urine, anti-MAG |
| <i>sarcoidosis</i> | pulmonary involvement | ACE |
| <i>MMN</i> | purely motor neuropathy, conduction blocks | GM1-IgG, -IgM antibody |

| Disease or suspicion of | Special clinical comments | Diagnostics |
|---|---|--|
| <i>GBS</i> | progressive ascending predominantly motor neuropathy | Campylobacter jejuni Ab, cytomegaly Ab, CSF (see there) |
| <i>Miller Fisher syndrome</i> | ataxia and eye muscle pareses | anti-GQ1b |
| <i>CIDP</i> | subacute demyelinating PNP | immuno-electrophoresis, CSF (s. below) |
| <i>malignoma</i> | reduction of weight, night sweat (B-symptoms), sensory neuropathy | hemocult, anti-Hu-antibody, immuno-electrophoresis |
| <i>hypoparathyroidism</i> | | Ca ⁺⁺ , inorganic phosphate, parathormone |
| <i>porphyria</i> | | delta-aminolevulinic acid, porphobilinogen |
| <i>intoxication</i> | | 24 h urine for arsenic, lead, thallium, mercury. Basophil stippling of the erythrocytes in lead intoxication |
| <i>Morbus Refsum</i> | | phytanic acid |
| <i>Paraneo. Disorder, with polyneuropathy</i> | | Neuronal Ab (see Autoantibody, HU, Ri, Yo-Purkinje cell Ab) |

CSF examinations:

| Disease or suspicion of | Special clinical comments | Diagnostics |
|-------------------------|--|--|
| <i>GBS</i> | progressively ascending predominantly motor neuropathy | cell count (<10), protein increase (cave, can be still normal in the first week) |
| <i>CIDP</i> | subacute demyelinating PNP | cell count (<10), protein increase |
| <i>borreliosis</i> | anamnesis of tick bite and/or ECM, radiculoneuritis | borreliae Ab, intrathecal IG-synthesis, EW barrier disturbance, cell count |
| <i>diabetic PNP</i> | | slight to moderate barrier disturbance |
| <i>lymphoma</i> | | CSF cytology |

Molecular genetic test:

| | | |
|---|---|---|
| <i>Charcot-Marie-Tooth Type 1</i> | hereditary neuropathy with disposition to compression parestheses | peripheral nerve myelin protein 22 gene duplication |
| <i>X-linked Charcot-Marie-Tooth Disease</i> | | connexin 32 mutation, PO gene mutation |

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit <http://www.fml-dubai.com/parameter-listings/>