Peripheral Neuropathy

Peripheral neuropathies are caused by abnormal function and structure of the peripheral (outside the brain or spinal column) nerves: motor, sensory or autonomic. The main causes are:

- Entrapment (pinched nerve)
- Leprosy, an infection
- Diabetes mellitus
- Systemic disease such as rheumatoid arthritis
- Inherited disorders including Charcot Marie Tooth
- Inflammatory demyelination (inflammatory cells destroy the nerve covering)
- Ischemic, due to abnormal blood flow to the artery
- Para neoplastic conditions associated with cancer
- Vitamin deficiency states such as B6 or B12
- Toxins such as alcohol or arsenic

Although there are many causes of damage to the nerves, a specific diagnosis is established in 75% of the patients. The approach consists of:

1) a careful history,
2) a complete physical and neurological examination,
3) and electrophysiological studies.

The latter tests include electromyography (EMG) and nerve conduction studies.
Muscle or nerve biopsies may be required.

Motor neuropathies have muscle cramping, abnormal movement and weakness. Sensory neuropathies have abnormal sensations such as prickling, burning, searing pain or numbness. Autonomic symptoms include light-headedness when standing, fainting, reduced or excessive sweating, heat intolerance, or dysfunction of bladder, bowels, or sexual ability.

Rating for peripheral neuropathy is dependent on the underlying medical condition, the severity and the disease course. If the disease course is severe and progressive, the prognosis is poor and would be declined for individual life insurance. This is seen in impairments such as chronic inflammatory demyelinating disease. If the limitations are mild and there is no progression, the prognosis is dependent on the underlying disease process. This is seen in situations such as in diabetes mellitus.

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