Diseases of Peripheral Nerves

→ Can affect motor, sensory or autonomic in isolation or in combination..

→ **Site** → ① Nerve root → Radiculopathy → (Spinal root).
of Nerve ② Nerve plexus → Plexopathy (Lumbar, Brachia)
③ Nerve → Neuropathy → Polyneuropathy.
↓ ↓ ↓
Mononeuropathy (Single nerve) Multiple Mononeuropathy GBS, CMT, etc.

→ Cranial nerve 3-12 also same like peripheral nerves.

Pathology where →? → ① Nerve Cell Body (Axon) } Axonal or Demyelinating disease neuropathy.
② Myelin (Schwann cell).

→ Only Demyelinating diseases are susceptible to treatment, so it is found by Nerve conduction test and EMG.

Clinical Features

→ Lower Motor neuron lesion.
→ Sensory according to nerve.
→ Autonomic → Bladder, Heart rate, rhythm, Sweating, Postural hypotension.

① Nerve Root → Spinal root radiculopathy.
② Plexopathy → Brachial → Upper → Erbs Duchenne Palsy.
↳ Lower → Klumpke palsy, Thoracic outlet syndrome
③ Neuropathy → Mononeuropathy → Median (Carpel tunnel)
↳ Entrapment → ulnar, Radial, Common Peroneal, Lateral cutaneous nerve of th

ii) Multifocal neuropathy.
→ Usually diabetes, or vasculitis.
→ Multiple nerves are involved.

iii) Polyneuropathy.
↳ 1) Guillain Barre Syndrome (Demyelinating)
2) Chronic Polyneuropathy.
↳ 1) Hereditary → Charcot Marie Tooth dis.
2) Acquired → Chronic demyelinating Polyneuropathy.

1) Charcot Marie Tooth Disease:
→ Hereditary neuropathy. which contains many inherited neuropathy (umbrella term).
Pathophysiology → Defective protein in myelin sheath or axon → how signals passed due to demyelination.
CMT1 & CMT2 are common.
↳ Axons
↓ Myelin
Clinical Features → Ascending.
→ Motor → Muscle atrophy distally
(Inverted champagne Bottle sign)

- Foot drop & High stepped gait.
Pes cavatum & Hammer toes.
(High arches)
→ Sensory → Tingling & Burning.
→ Poor Prognosis.

2) Chronic Demyelinating Polyneuropathy (Acquired)
→ Chronic, relapsing, progressive, evolving more than 8 weeks (Acute in GBS) & responds to Glucocorticoids.