

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
② Myelin (Schwann cell) } Demyelinating disease neuropathy.

→ 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 → Erb's Duchenne's Paraly.
↳ lower → Klumpke's Paraly. thoracic outlet syndrome.

③ Neuropathy → Mononeuropathy → Median (Carpel tunnel)
↳ Entrapment → ulnar, Radial, Common Peroneal
Lateral cutaneous nerve of H.

i) Multifocal neuropathy.

- Usually diabetes, or vasculitis,
- Multiple nerves are involved

ii) Polyneuropathy:

- ↳ 1) Guillain Barre Syndrome? Demyelinating
- 2) Chronic Polyneuropathy.
- ↳ 1) Hereditary → Charcot Marie Tooth disease
- 2) Acquired → Chronic demyelinating Polyneuropathy.

i) Charcot Marie Tooth Disease:

- Hereditary neuropathy which contains many inherited neuropathy (Umbrella term).

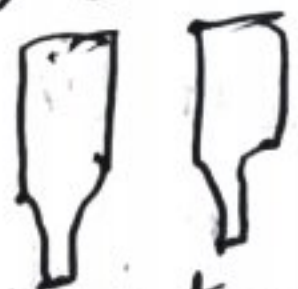
Pathophysiology → Defective protein in myelin sheath or axon → slow signals passed due to demyelination.

← CMT 1 & CMT 2 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 arch)

- Sensory → Tingling & Burning,

- Poor Prognosis

2) Chronic Demyelinating Polyneuropathy (Acquired)

- Chronic, relapsing, progressive, evolving
- more than 8 weeks (Acute in GBS) & responds to