

CLINICAL PEARLS IN NEUROMUSCULAR DISEASE 2017

Robert M. Pascuzzi, MD
Indiana University School of Medicine

Pearls in the diagnosis of neuromuscular disorders are the marriage of anatomy, physiology, and pattern recognition. Patients will be presented having a variety of symptoms and signs that can lead to an accurate diagnosis based on a few observations, anatomical considerations, and recognition of a few clinical patterns.

Cases to be presented:

- 1) 22 yo cage fighter with losing record and new onset syncope.
- 2) 50 yo man with 6 years progressive walking difficulty and dyspnea
- 3) 30 yo man with 15 year history of progressive trouble with walking and muscle cramps.
- 4) 70 yo man with 10 years progressive trouble walking and mild elevation of CK
- 5) 25 yo man with lifelong progressive decline in balance and walking
- 6) 55 yo woman with 6 months of diplopia and dyspnea
- 7) 25 yo woman with childhood onset of progressive dysarthria, and dyspnea.
- 8) 65 yo woman with 20 years double vision and generalized weakness now in power scooter
- 9) 19 yo volleyball player with 1 year progressive loss of the right hand

e-Pearls- Sensory Mononeuropathies 2017

Meralgia paresthetica (lateral femoral cutaneous neuropathy)

meros= thigh
algos= pain
paresthetica= tingling
causes: sporadic, diabetes, obesity, pregnancy, pelvic disease,
holster, toolbelt, surgical table, familial

Cheiralgia (“hand pain”) paresthetica (superficial radial sensory neuropathy)
hand-cuffs, IV’s, blood draws (legal stuff)

Gonyalgia paresthetica= infrapatellar branch of the saphenous nerve
idiopathic, knee trauma, surgery, “influenza knee”, viral, diabetes

Saphenous neuropathy = same differential

Digitalgia paresthetica (digital neuropathy) fingers > toes

Notalgia paresthetica (posterior rami of T2-T6)

notos= back, cause unknown but benign
tingling, itching, burning
? due to sharp right angle course of the nerve through the multifidus muscle

Intercostal neuropathy

mostly thoracic
diabetes, Herpes zoster, pregnancy
radicular pain

Mental neuropathy

numb chin syndrome
ominous: 25% malignancy look for mets at the base of the skull or CSF

Lingual sensory neuropathy

Numb tongue syndrome- look for adenoid cystic carcinoma

Facial sensory neuropathy (trigeminal neuropathy)

sarcoidosis, Sjogren's, scleroderma

Correspondence:

Robert M. Pascuzzi, MD

Department of Neurology

Indiana University School of Medicine

E-mail: rpascuzz@iupui.edu