

## **“DOC, MY FEET ARE NUMB”**

### **EVALUATION AND MANAGEMENT OF PERIPHERAL NEUROPATHY**

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Week 15

#### **Educational Objectives:**

- 1. Identify the most common causes of symmetrical peripheral neuropathy*
- 2. Review components of the physical exam which may be useful in evaluating patients with a peripheral neuropathy*
- 3. Develop strategies for distinguishing between potential causes of peripheral neuropathy*
- 4. Describe therapeutic options and their efficacy in the treatment of this common disorder*

#### **CASE ONE:**

Ms. S. W. is a 65-year-old woman who has been your patient for many years. She's a very active woman, even after her retirement from an office job a couple of years ago. She comes in now with the titled complaint, "Doctor, my feet are numb." She has no past medical history. She quit smoking 20 years ago; she drinks socially; she lives with her husband and has two grown children and a handful of grandchildren. She has a strong family history of diabetes but tells you that she has been tested for diabetes many times and doesn't have it. On exam she is a woman of normal weight with no significant findings (including proprioception and vibration) except for diminished sensation to monofilament testing. You can't get an ankle jerk reflex, but you're not certain if that is due to a neurological deficit, or poor exam technique.

#### **Questions:**

- 1. What is on your differential? What other history would be useful to narrow this? Would any further physical exam findings be helpful?*
- 2. What, if any, testing would you order?*
- 3. After you share what you've learned, the patient asks, "Is there anything you can do for it? The burning at night is making it hard to sleep."*

#### **CASE TWO:**

Ms. V. D. is a 30-year-old woman with no significant past medical history who presents with a complaint of numbness and tingling in her hands and feet. She takes only vitamins and the occasional ibuprofen, and doesn't smoke or use drugs, although she has used injection drugs in the past. She is a vegetarian. She drinks two to three glasses of wine several nights a week. Review of systems is positive only for severe menstrual cramps. On exam, she is overweight, but otherwise her exam is unremarkable.

Monofilament test shows some decrease in sensation and her ankle jerk (which you have mastered since your last patient) is present but reduced, as is her vibratory sense and proprioception.

**4. What is your differential in this case? And what, if any, studies would you order at this point?**

**5. Now what is on your differential, and how might you proceed?**

**Primary References:**

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**Additional References:**

1. Amato AA, Oaklander AL. Case 16-2004: A 76-year-old woman with numbness and pain in the feet and legs. *New England Journal of Medicine*. 2004; 350:2181-2189.
2. Bowditch MG, et al. The significance of an absent ankle reflex. *Journal of Bone and Joint Surgery*. 1996; 78-B: 276-279.
3. Gelber DA, et al. Clinical features that distinguish tarsal tunnel syndrome from non-neuropathic causes of foot pain. *Electrophysiology and Clinical Neurophysiology*. 1996; 98(3): 22.
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5. Wong MC, Chung JW, Wong TK. Effects of treatments for symptoms of painful diabetic neuropathy: systematic review. *British Medical Journal*. 2007; 335: 87.

Lisa Sanders received her M.D. from Yale School of Medicine and completed her training at Yale's Primary Care Internal Medicine Residency Program. Her clinical and academic interests include obesity, nutrition, the physical exam, and diagnostic errors. She is the author of *The Perfect Fit Diet: How to Lose Weight, Keep it Off and Still Eat the Foods You Love*. Before entering medical school, Sanders was a producer for CBS News, where she covered medicine and health.