

55 year old left handed man

PC

- Numbness to his feet

HPC

- First noted strange, uncomfortable sensation in his feet around 6 months ago
- Since then, it has progressed. It is now more painful and has spread up to his knees and now involves his finger tips
- It's affecting his walking as he feels less stable and has nearly fallen a few times. He is also beginning to struggle using his phone.
- He has no systemic symptoms or weight loss

PMHx

PSHx

- Type 2 diabetes, diagnosed 10 - Nil years ago
- Alcohol dependency, continuing to drink now
- GORD
- CKD stage 2, secondary to diabetes
- Hypertension

THX

SHx

- Metformin 1g BD - Not currently working
- Gliclazide 80mg BD
- Omeprazole 40mg OD
- Ramipril 5mg

- 3 litres of vodka over the course of a week
- Smoker, 10/day

Stop and think

This is a brief history, are there any important points that can be taken here to help before approaching the examination?



Examination

Evidence of some wasting to the small muscles of the feet including extensor digitorum brevis.

Feet are cool and pale, but capillary refill time is 2 seconds

Some loss of hair to the lower shins, nails are intact with no breaks to the skin.

Cranial Nerves			Upper Limb	Upper Limb		Lower Limb			
	R	L		R	L		R	L	
ı	Ν	Ν	Tone	Ν	N	Tone	N	N	
11	Ν	Ν	Sh Ab	5	5	HF	5	5	
III,I∨,	Ν	N	EF	5	5	HE	5	5	
VI			EE	5	5	KF	5	5	
V	Ν	Ν	WE	5	5	KE	5	5	
VII	Ν	Ν	FE	5	5	APF	4	4	
VIII	Ν	Ν	FDI	5	5	ADF	4	4	
IX,X,X	Ν	N	APB	5	5	EHL	4	4	
1									
ΧII	Ν	N	Biceps	++	++	Knee	+	+	
			Triceps	++	++	Ankle	-	-	
	R	L	Supinato	++	++	Plantar	\downarrow	↓	
Cerebella N		N	r						
r exam									

	R	L		
Pin prick	Reduced to the finger tips in	Reduced to the knee in the lower		
	hand, and to the knee in the	limb		
	lower limb			
Vibration	Normal in the upper limb.	Normal in the upper limb.		
	Reduced to the tibial plateu in	Reduced to the tibial plateu in		
	lower limb	lower limb		
Joint position	Normal in the upper limb.	Normal in the upper limb.		
sense	Reduced to ankle in the lower	Reduced to ankle in the lower		
	limb	limb		
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Stop and think

How does the examination help you localise the site of pathology?

How would you investigate this man's symptoms?

How does NCS/EMG help differentiate between types of polyneuropathy?