

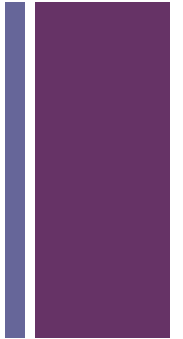


Sensory Symptoms

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Introduction



- Spinal cord pathology
- Peripheral neuropathy
- Typical Multiple Sclerosis symptoms
- Facial sensory disturbance
- Entrapment neuropathy

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Spinal Cord disease



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Spinal Cord disease



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Spinal Cord disease



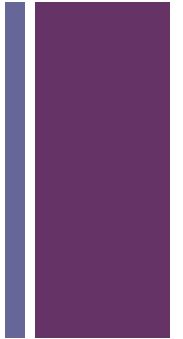
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Peripheral Neuropathy





Peripheral Neuropathy



- 'Cotton wool feet'
- 'walking on pebbles'
- Burning pain in feet, worse at night
- Unsteady, 'cant feel where my feet are'
- Feels like something in my shoe



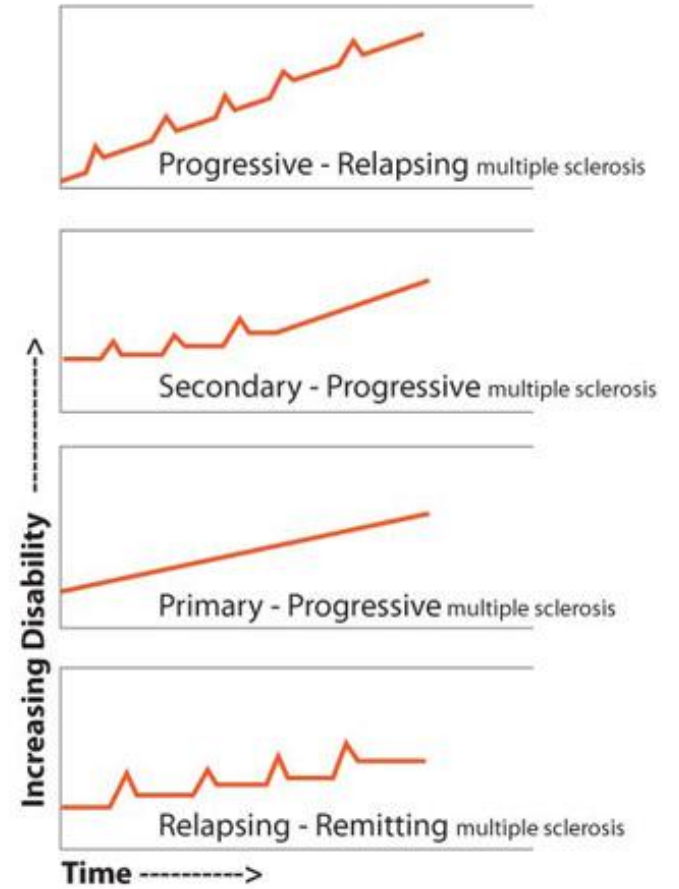
Peripheral Neuropathy



- Screen for the treatable causes:
 - FBC
 - U&E
 - LFT, gamma GT
 - Fasting Glucose / OGTT
 - TFT
 - B12
 - Serum Protein Electrophoresis



Multiple Sclerosis





Multiple Sclerosis



- Relapse = new symptoms persisting for > 24 hours
- Usually evolves over hours – 2 or 3 days
- Mostly lasts for 4-8 weeks
- May not have complete recovery
- Usually not dermatomal

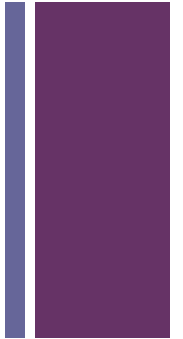
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Facial sensory disturbance





Facial sensory disturbance



- Most facial sensory symptoms remain unexplained
- Intermittent numbness almost never serious
- Numbness inside mouth usually pathological
- Enlarging area of numbness always needs MRI brain scan

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Entrapment neuropathy



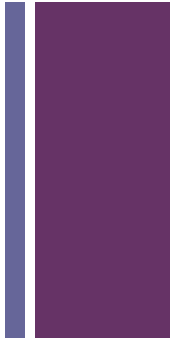
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Entrapment neuropathy





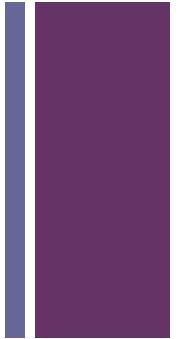
Carpal tunnel symptoms



- intermittent pain, numbness, and tingling in the fingers
- dependent on the position of the hand and wrist
- commonly associated with subjective weakness of grip.
- symptoms occur initially at night only
- may wake the patient from sleep.
- often provoked by wrist hyperextension or hyperflexion
- The pain can radiate up into the forearm or even up to the shoulder.



Summary



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- Entrapment neuropathy

