

Screening, Early Detection and Diagnosis of Diabetic Neuropathy

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Abstract

Diabetic neuropathy (DN) refers to symptoms and signs of neuropathy in a patient with diabetes in whom other causes of neuropathy have been excluded. Distal symmetrical neuropathy is the commonest, accounting for 75% of DN. Asymmetrical neuropathies may involve cranial nerves, thoracic or limb nerves. Asymmetric neuropathies in diabetic patients should be investigated for entrapment neuropathy. Diabetic amyotrophy, initially considered to result from metabolic changes, and later to ischaemia, is now attributed to immunological changes.

For screening, early detection and diagnosis of DN, symptoms, signs, quantitative sensory testing, nerve conduction study, autonomic testing and other modalities are used; and two of these five are recommended for clinical diagnosis. Despite all the advances, proper history and thorough neurological examination of the lower limbs constitute the essential prerequisites for the clinical diagnosis of DN.