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Unusual complications of frequent diseases: diabetic amyotrophy

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Background & Aim: When a diabetic patient comes to primary care due to weight loss, lower back pain and weakness in lower limbs, we must do a detailed clinical history and a thorough neurological exploration. Lumbosacral plexopathies represent a distinct group of disorders of the peripheral nervous system. The most common causes of lumbosacral plexopathy are diabetic amyotrophy, also known as Bruns-Garland syndrome, and the idiopathic (nondiabetic) lumbosacral radiculoplexus neuropathy. Nevertheless, we must rule out other causes like: immunologic, infections, neoplasms, hypothyroidism, alcoholism...

Method: Our patient has asymmetric proximal weakness, atrophic and muscular pain in lower limbs without an affection of sensitivity. Also, osteotendinous reflexes were abolished. The rest of the medical examination was normal. We order a complete analysis with blood count, biochemistry with muscle enzymes (CPK), coagulation, serology (HIV, HBV, HCV and anti T. pallidum Ac), hormones (TSH), urine and a lumbar puncture. We also solicited a Thorax radiography, a TAC thoraco-abdomino-pelvic and an electromyography.

Results: All tests were inconclusive or negative except for a minimal protein elevation in cerebrospinal fluid. The electromyography was reported as a large polyradiculoneuritis that affects the cervical, dorsal and lumbar areas. Given these findings, it is recommended to rule out paraneoplastic syndromes but is suggestive of diabetic amyotrophy.

Conclusions: Diabetes mellitus is the most usual cause for peripheral neuropathy and distal sensory neuropathy predominates. Diabetic amyotrophic is an uncommon diabetic complication that is not related to gravity or severity of the diabetes. The symptoms of this disease are acute or subacute, progressive, asymmetrical weakness and pain in the muscles of the proximal lower limbs. Medical history and electromyography give us the diagnosis. Treatment is conservative, we use physiotherapy. There is no evidence of the use of immunoglobulin or corticosteroids as a treatment.