

[Examination of tactile disorders in diabetic patients and cooperation with a neurologist]

[Article in Czech]

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Examining sensorial dysfunction may be difficult for both the doctor and the patient because subjective feelings are misleading and do not reflect the actual severity of a neurological disorder. Sensorial tests provide objective results of measurements, which can be checked against normal values and which allow for determining the severity of neuropathy. Examining sensorial function on feet is necessary in diabetic patients because its loss is the principal risk factor for ulceration. The examination comprises vibration perception tests using a tuner or a biothesiometer, and evaluating surface sensation with the use of monofilaments. A more detailed type of examination is the testing of the electric current perception threshold with the use of different models of neurometer which allows for examining all three main groups of sensorial nerve fibres, i.e. Abeta (large myelinated), Agamma (small myelinated) and C (non-myelinated). The study evaluated the differences between routine diagnosing of polyneuropathy on outpatient basis and biothesiometer and monofilament examination. We discovered that patients with severe neuropathy diagnosed by non-invasive semi-quantitative examination were diagnosed for neuropathy on outpatient basis only in 54% of cases, which points to the need to extend the use of non-invasive examination to outpatient practice. The Neuropathy Disability Score (NDS) assesses neurological functions as a whole, but is more time consuming than simple sensorial tests. Neuropathy self-monitoring by the patient in risk of diabetic foot using the diagnostic test (Neuropad) looks promising. The diabetologist cooperates with a neurologist especially in differential diagnosis of neuropathy, in the treatment of its painful forms and in the classification of its severity.

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