

Teaching Course

Toxic Peripheral and Cranial Neuropathies

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Disclosure

I have nothing to disclose
and no conflict of interest.

Outlines

Overview of peripheral neuropathies (PN)

Epidemiological facts, a practical approach to diagnosis

Clinical cases

- A personal case of cranial neuropathy,
- The N-hexane cases from the literature
- Nitrous oxide cases from E. Lagrange experience
- Arsenic, the King of poison and the poison of Kings

Review of toxic causes of PN

- Classical toxics: Lead, Carbon Disulfide, Mercury, Thallium, TCE, “Toxic oil”, etc.
- New concerns, mixed exposures: WTC , Vietnam and Gulf Wars, fire fumes

Learning Objectives

Always consider a toxic cause when diagnosing peripheral neuropathy.

Even if causes seem obvious like diabetes mellitus, alcoholism, chemotherapy, possible medications' side-effects

Ask relevant questions when interviewing the patient

Do not leave the patient uncertain about the diagnosis

Even in the absence of curative treatment, always offer symptomatic treatment

Take-home Lessons

- Although rare, often undiagnosed, NPs a significant problem.
- Due to an emergency management of acute/subacute poisonings.
- Due to the potential therapeutic consequences:
 - Stopping the exposure,
 - Possibility of specific chelation treatments.
- Due to the legal consequences:
 - Expertise and differential diagnosis with usual PN causes,
 - Occupational exposure and liability
 - Criminal arsenic poisoning.

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- **Articles**

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