

# Tests for treatable causes of small-fiber polyneuropathy

Patient name  
Medical record number  
Date of birth

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BLOOD TESTS TO CONSIDER FOR ADULTS

ordered today	not yet tested	abnormal value	normal value	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemistries (if glucose is high test for DM; if renal is high consider Fabry, mercury toxicity)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete blood count (if low, consider B12 or copper deficiency, lead/arsenic toxicity)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AST, ALT (liver function; if abnormal consider hepatitis or alcohol)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin A1c (if high, consider 2 hour GTT)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TSH thyroid screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin B12 levels (if 200-500pg/dl consider methylmalonic acid level)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR (sedimentation rate; if elevated, consider inflammatory/dysimmune conditions)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANA (antinuclear antibodies; higher titers suggest lupus or dysimmune conditions)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti-Ro (SS-A) and anti-La (SS-B) (if present, consider Sjögren's disease)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRP (C-reactive protein; if elevated, consider inflammatory/dysimmune conditions)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complement component C3 (if low, consider dysimmune conditions including lupus)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complement component C4 (dysimmunity; if low C3+C4, consider classic pathway)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis C serology (if abnormal consider testing for cryoglobulins)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lyme antibodies by Western blot (for inhabitant or visitor to endemic area)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPEP/IFIX (immunofixation tests for lymphoproliferative disorders)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free κ/λ light chains (tests for less common lymphoproliferative disorders)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IgA anti-TTG (transglutaminase antibodies; if present consider celiac sprue)

## TESTS TO CONSIDER IN SPECIFIC POPULATIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 hour, 75 g fasting glucose-tolerance test (strongly consider for all at risk for DM)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV (CDC recommends everyone ages 13-64 be tested ≥ once, high-risk more often)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methylmalonic acid (consider if vitamin B12 less than 500 pg/dL)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thiamine (if low, consider vitamin B1 deficiency)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pyridoxine (if high, consider vitamin B6 neurotoxicity, if low, consider B6 deficiency)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti-ds DNA, anti-Smith (consider if ANA present)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cryoglobulins, cryofibrinogens, viscosity (consider for myeloma, hep C, RA, SLE)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urine protein electrophoresis to identify Bence Jones paraproteins
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 hour urine for arsenic, lead, mercury, cadmium (for artists, welders, miners)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACE (angiotensin converting enzyme; for sarcoidosis in patients with lung symptoms)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phenotype-guided genetic sequencing esp. if family history (e.g., HSAN-1, SCN9A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal fat-pad biopsy for amyloid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER TEST PERFORMED _____

Check for toxins and medications; e.g., cancer chemotherapy, HIV therapy, statin, colchicine, isoniazid, dapsone, hydralazine, lithium, phenytoin, vitamin B6, disulfiram, amiodarone, procainamide, perhexiline, streptokinase, nitrous oxide, metronidazole, nitrofurantoin, gold, thalidomide, TNF-antagonists, antimicrobials (chloramphenicol, fluoroquinolones, metronidazole, nitrofurantoin), history of GI surgery, malabsorption, alcoholism, exposure to inorganic arsenic, thallium, mercury, industrial toxins, organophosphate insecticides.

### References

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