

THE ROLE OF AUTONOMIC TESTING, NERVE BIOPSY, AND SKIN BIOPSY IN DIAGNOSING DISTAL SYMMETRIC POLYNEUROPATHY

This is a summary of the American Academy of Neurology (AAN) guideline regarding recommended use of autonomic testing, nerve biopsy, and skin biopsy in diagnosing patients with distal symmetric polyneuropathy (DSP).

Please refer to the full guideline at www.aan.com for more information.

What is the usefulness of clinical autonomic testing in the evaluation of polyneuropathy, and which tests have the highest sensitivity and specificity?

AUTONOMIC TESTING

Good evidence	Autonomic testing should be considered in the evaluation of patients with polyneuropathy to document autonomic nervous system involvement (Level B).† Autonomic testing should be considered in the evaluation of patients with suspected autonomic neuropathies (Level B).
Weak evidence	Autonomic testing may be considered in the evaluation of patients with suspected distal small fiber sensory polyneuropathy (SFSN) (Level C).

COMPOSITE AUTONOMIC SCORING SCALE (CASS)

Good evidence	The combination of autonomic screening tests in the CASS should be considered to achieve the highest diagnostic accuracy (Level B).
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What is the usefulness of nerve biopsy in determining the etiology of distal symmetric polyneuropathy?

NERVE BIOPSY

Insufficient evidence	No recommendations can be made regarding the role of nerve biopsy in determining the etiology of DSP (Level U).
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What is the usefulness and diagnostic accuracy of skin biopsy in the evaluation of polyneuropathy?

SKIN BIOPSY

Weak evidence	For symptomatic patients with suspected polyneuropathy, skin biopsy may be considered to diagnose the presence of a polyneuropathy, particularly SFSN (Level C).
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