

Toxic neuropathy

- Toxic neuropathies include those caused by industrial toxins (organic solvents and organophosphates), heavy metals (arsenic, thallium, and lead), drugs and alcohol.
- Reversal of all or at least some of the symptoms may occur on stopping the offending toxin. An accurate drug history including intake of over-the-counter medications such as vitamins (e.g. B6) is essential. A travel history may also give clues the cause of a new-onset neuropathy (e.g. ciguatera toxin poisoning).
- In order to establish causation rather than mere association, certain criteria need to be met: a dose–response relationship; consistent manifestations; temporal relationship for onset of symptoms and drug exposure; improvement or at least nonprogression after drug cessation.
- Chemotherapy-induced peripheral neuropathy remains a significant problem affecting quality of life and is dose limiting.
- Triazole antifungals have been associated with a significant neuropathy in rare cases.
- Nitrous oxide is increasingly used as a recreational drug and causes myeloneuropathy.
- The Cochrane Collaboration reviewed the interventions for preventing neuropathy caused by cisplatin and related compounds. These compounds included acetylcysteine, amifostine, ACTH, BNP7787, calcium and magnesium, diethyldithiocarbamate, glutathione, Org 2766, oxcarbazepine and vitamin E. The data were insufficient to conclude that any of the purported chemoprotective agents prevents or limits the neurotoxicity of platin drugs in patients.



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