

Background

Small fiber sensory neuropathy (SFSN) is a myelinated of thin disease unmyelinated nerve fibers, which occurs in several illnesses or can be idiopathic The diagnosis based on clinical signs, quantitative sensory testing (QST) intraepidermal nerve fiber density The clinical profile of SFSN is various from

person to person

Objectives

correlation identify То between semiology and QST thermal sensory thresholds

Methods

- correlational Quantitative at Neuroimmunology carried out immunodeficiency center in Riga, Latvia
- Thirty-five (n = 35) participants with SFSN thermal tested using were (using Medoc Q-Sense device) and the SFSN semiology evaluated were Neuropathic Pain Symptom Inventory (NPSI)
- A Pearson correlation (using IBM SPSS Statistics software) was conducted to examine the relationships between NPSI and QST thermal sensory descriptors thresholds

Correlation Between Small Fiber Sensory Neuropathy Semiology and **Quantitative Sensory Testing Thermal Sensory Thresholds**

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Burning

Fig. 1. Positive correlation between spontaneous burning pain and left arm warm detection threshold (LAWDT)



Fig. 2. Negative correlation between pain provoked by brushing (allodynia) and right arm warm detection threshold (RAWDT)



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research and QST using



- The mean age 62 (SD = 16) y
- The median sy
- 74 (IQR = 42) r
- The mean N 36,43 (SD = 21
- We found wea correlation warm detec burning pain two different (r = 0,342, p =r = -0,355, p =

Weak correlation between few SFSN signs and only one thermal QST modality in different body areas is inessential, and indicates, that thermal QST alone cannot be used as a diagnostic and evaluation tool for SFSN and only can confirm diagnosis in patients with such symptoms

- 2017; 30: 490–9
- 1912–25

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<u>Results</u>
e of participants was around
vears
ymptom duration was around
months
PSI total score was around
L,66) points
ak positive and weak negative
that is limited by only
tion threshold related to
(Fig. 1) and allodynia (Fig. 2) in
arms
0,045 and
0,036, respectively)

Conclusion

References

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