

Diabetic amyotrophy

Occurs in a similar patient population, often with recently diagnosed DM. Alternative names include ¹⁾ [Bruns-Garland syndrome](#), ischemic mononeuropathy multiplex.... ²⁾ Abrupt onsets of asymmetric pain (usually deep aching/burning with superimposed lancinating paroxysms, most severe at night) in back, hip, buttocks, thigh, or leg. Progressive weakness in proximal or proximal and distal muscles often preceded by weight loss. Patellar reflexes are absent or reduced. Sensory loss is minimal. Proximal muscles (especially thigh) may atrophy. EMG findings consistent with demyelination invariably accompanied by axonal degeneration, with the involvement of paraspinal and no evidence of myopathy. Symptoms may progress steadily or stepwise for weeks or even up to 18 months, and then gradually resolve. The opposite extremity may become involved during the course or may occur months or years later. Sural nerve biopsy may suggest demyelination.

Treatment

Treatment of Bruns-Garland syndrome is primarily expectant, although [immunotherapy](#) (steroids, immune globulin, or plasma exchange) may be considered in severe or progressive cases (efficacy is unproven).

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Garland H. Diabetic Amyotrophy. BMJ. 1955; 2: 1287-1290

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Barohn RJ, Sahenk Z, Warmolts JR, et al. The Bruns- Garland Syndrome (Diabetic Amyotrophy): Revisited 100 Years Later. Arch Neurol. 1991; 48:1130-1135

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