

– Abstract –

The Sensitivity of Electrodiagnostic Parameters in the Diagnosis of Diabetic Neuropathy

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Objectives : The purpose of this study was to determine the sensitivity of different electrodiagnostic parameters in the diagnosis of diabetic neuropathy.

Methods : Subjects consisted of 43 diabetic patients with a mean age of 61.3±9.6 years and an average duration of diagnosed illness of 8.4±6.5 years. Thirty-five healthy adult volunteers with mean age of 59.5±6.9 years were included as the control group. Nerve conduction study(NCS) consisted of median, ulnar, peroneal, tibial motor responses and their respective F-responses; median, ulnar, superficial peroneal, deep peroneal, sural, lateral dorsal cutaneous branch of the sural nerve and medial plantar sensory responses; and H-reflex recorded from the gastrocnemius muscle. All sensory nerve conduction studies were performed antidromically with surface electrodes. The frequency of abnormal parameters in the diabetic patients was obtained by comparison with the reference values obtained from the control group.

Results : The most frequent abnormal electrodiagnostic parameter was the H-reflex latency(63.0%) followed by the minimal F-latency of the peroneal nerve(60.5%), medial plantar sensory nerve onset latency(55.8%) and the superficial peroneal SNAP amplitude(51.2%).

Conclusion : The H-reflex, F-wave and medial plantar sensory nerve latency may be useful parameters in the early diagnosis of diabetic neuropathy. However, the diagnosis of diabetic neuropathy should be based on the combination of both clinical and electrodiagnostic findings.

Key Words : Diabetic neuropathy, Frequency, Nerve conduction parameter, H-reflex

가 ,
가 .1,2

가 ,

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3-10 F- 4.11 H- 2.11,13,14

F- H-

가 (CMAP) (SNAP) , F-

H-

34 , 32

가 3cm

가 8cm, 10cm 14cm .¹⁴

95% z-

1. .¹⁵

: 1) = +1.64 × SD; 2) = -1.64 × SD.

1999 1 7

43 (16 , 27)

61.3 ± 9.6 (40 ~86)

8.4 (0~25)

35 (10 , 25) (n=35)

59.5 ± 6.9 (50 ~74)

가 (Table 1). 6.3mV, 52.2m/s; 4.0ms, 4.5ms, 1.8mV, 40.7m/s , F- 28.4ms, 28.6ms, 50.4ms, 49.7ms (Table 2).

2. . Dantec Counter- 2.8ms, 18.2 μV, 49.6m/s , 3.0ms, 6.9 μV,

F- H- point MK2 0.2msec square wave pulse 20~2000Hz, 1msec/division, 10 μV/division 2~10000Hz, 2msec/division, 2mV/division (lateral cutaneous branch of sural nerve)

Table 1. Characteristics of Subjects

	Patient group	Control group
Number	43	35
Sex(M:F)	16:27	10:25
Mean age(years)	61.3±9.6(40~80)	59.5±6.9(50~74)
DM duration(years)	8.4±6.5(0~25)	

Table 2. Reference Values for the Motor Nerve Conduction Parameters and Minimal F-wave Latency (n=35)

Nerve	Latency(ms)	Amplitude(mV)	NCV ¹ (m/s)	F-latency(ms)
Median	4.0	4.4	52.2	28.4
Ulnar	3.3	6.3	55.6	28.6
Peroneal	4.5	1.8	40.7	50.4
Tibial	4.8	6.5	39.7	49.7

Values = mean±1.64 × SD

1. NCV : nerve conduction velocity

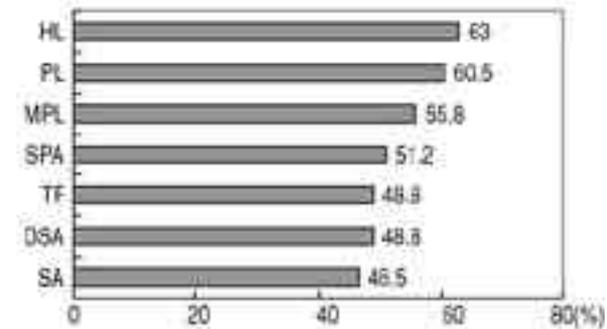
Table 3. Reference Values for the Sensory Nerve Conduction Parameters and H-reflex Latency (n=35)

Nerve	Latency(ms)	Amplitude(μV)	NCV ¹ (m/s)
Median	3.0	20.3	48.9
Ulnar	2.8	18.2	49.6
Superficial peroneal	3.0	3.7	44.2
Deep peroneal	2.6	1.2	31.8
Sural	3.0	6.9	46.0
Distal sural	3.1	2.2	31.4
Medial plantar	2.4	4.6	41.0
H-reflex	32.2		

Values = mean \pm 1.64 \times SD

1. NCV : nerve conduction velocity

46.0m/s
 4.6 μV (Table 3). H-
 32.2ms
 H- 가 63.1% 가
 F- (60.5%), (46.5%)
 43 14 (32.6%)
 , 7 (16.3%)



HL, H-reflex latency;
 PL, peroneal F-latency;
 MPL, medial plantar nerve latency;
 SPA, superficial peroneal amplitude;
 TF, tibial F-latency;
 DSA, distal sural amplitude;
 SA, sural amplitude

Fig. 1. Frequency of abnormal nerve conduction parameters in diabetic patients (n=43).

가 50%⁸
 가
 가
 36.4%~84%
^{3,5,6,9} Burke⁵
 가 Brad-
 dom³ 가 84%
 52.7%~70%
 Celiker⁶,
 (36.4%)
 , Felsenthal⁹
 가 72.1%, SNAP
 Braddom³ 70%
 61%
 가
 Felsenthal 50%
 Celiker Braddom
 가
 Dyck⁷ Rochester diabetic study
 48.8%

60.5%,

가 58.1%

가

가

가가

11

. Izzo 10

(51.2%)
(46.5%)

(48.8%)

가

가

가

F-

H-

가 55.8%

16

가

H-

F-

(late

response)

가

8

가

가 46.5%

F-

H-

. H-
가

가

2,11

REFERENCES

Wager 13

H-

(linear relationship)

가

H-

가

H-

가 32.3ms

63.3%가

H-

가

가

H-

가

H- 가

12

가

. F-

Andersen

Stalberg 11

F-

F-

F-

F-

Z-score가

가

H-

F- 가

F-

1. American Diabetes Association: Report and recommendations of the San Antonio Conference on diabetic neuropathy. *Muscle Nerve* 1988; 11: 661-667
2. Dumitru D: *Electrodiagnostic medicine*, 1st ed, Philadelphia: Hanley & Belfus, 1995, pp821-824, pp905-909
3. Braddom PL, Hollis JB, Castell DO: Diabetic peripheral neuropathy: a correlation of nerve conduction studies and clinical findings. *Arch Phys Med Rehab* 1977; 58: 308-313
4. Donfrio PD, Albers JW: AAEM minimonograph #34: Polyneuropathy: classification by nerve conduction studies and electromyography. *Muscle Nerve* 1990; 13: 889-903
5. Burke D, Skuse NF, Lethlean AK: Sensory conduction of the sural nerve in polyneuropathy. *J Neurol Neurosurg Psych* 1974; 37: 647-652
6. Celiker R, Basgoze O, Bayraktar M: Early detection of neurological involvement in diabetes mellitus. *Electromyogr Clin Neurophysiol* 1996; 36: 29-35
7. Dyck PJ, Karnes JL, O'Brien PC, Litchy WJ, Low PA, Melton LJ: The Rochester diabetic neuropathy study: reassessment of tests and criteria for diagnosis and staged severity. *Neurology* 1992; 42: 1164-1170
8. Dyck PJ, Karnes JL, Daube J, O'Brien P, Service FJ: Clin-

- ical and neuropathological criteria for the diagnosis and staging of diabetic neuropathy. *Brain* 1985; 108: 861-880
9. Felsenthal G, McIvor ME: Reappraisal of the electroneurographic and electromyographic diagnosis of diabetic peripheral neuropathy. *Am J Phys Med* 1984; 63(6): 278-288
 10. Izzo KL, Sobel E, Demopoulos JT: Diabetic neuropathy: electrophysiologic abnormalities of distal lower extremity sensory nerves. *Arch Phys Med Rehab* 1986; 67: 7-11
 11. Andersen H, Stalberg E, Falck B: F-wave latency, the most sensitive nerve conduction parameter in patients with diabetes mellitus. *Muscle Nerve* 1997; 20: 1296-1302
 12. Fisher MA: AAEM minimonograph #13: H-reflexes and F waves: physiology and clinical indications. *Muscle Nerve* 1992; 15: 1223-1233
 13. Wager EW, Buerger AA: A linear relationship between H-reflex latency and sensory conduction velocity in diabetic neuropathy. *Neurology* 1974; 24: 711-714
 14. DeLisa JA, Lee HJ, Baran EM, Lai KS, Spielholz N: Lower Extremity Nerves. In: DeLisa JA, Lee HJ, Baran EM, Lai KS, Spielholz N, editors, *Manual of nerve conduction velocity and clinical neurophysiology*, 3rd ed, New York: Raven Press, 1994, pp110-159
 15. Dorfman LJ, Robinson LR: AAEM minimonograph #47: Normative data in electrodiagnostic medicine. *Muscle Nerve* 1997; 20: 4-14
 16. Reeves ML, Seigler DE, Ayyar DR, Skyler JS: Medial plantar sensory response: sensitive indicator of peripheral nerve dysfunction in patients with diabetes mellitus. *Am J Med* 1984; 76: 842-846