

Letter to the Editor


Re: Neuropathic Pain in Acute and Subacute Neuropathies: A Systematic Review
TO THE EDITOR:

I read with great interest the article on “Neuropathic Pain in Acute and Subacute Neuropathies: A Systematic Review” by Artemiadis and Zis (1). I wanted to commend the authors for their careful study and hard work, as the results would be very useful for both clinical and research purposes. Also, the overview of the various etiologies of acute/subacute peripheral neuropathies (APN) was informative, and can be used in clinical treatment. I do have some comments about this article.

First of all, I took an interest in the literature search and the study selection. After careful section, the review included 70 articles published between 1995 and 2017. However, it is a limited selection in that all of the studies were searched by Medline and very few studies were targeted primarily on neuropathic pain (NP). As a result, some studies may have been missed. Moreover, Guillain-Barre syndrome (GBS) accounted for the majority of patients with APN, which had a great influence on the pooled incidence of NP. In my opinion, the incidence of NP in various causes of APN is more valuable than the pooled incidence of NP in APN. Fortunately, the incidence of NP in various causes of APN was also described in the results and summarized in Table 1, which brought us a clearer picture of the figures. Another limitation was the diagnosis of NP. As it was mentioned in this article, adequate diagnosis of NP was lacking as not all studies reported how NP was defined or whether validated tools for the diagnosis of the neuropathic element of pain were used (1). The criteria of NP should be based on both clinical judgment and tools such as electrophysiologic examination, which could be another research objective.

I am also curious about the causes of acute/subacute painful neuropathies. Some causes could be a great help of clinical treatment such as diabetes-relat-

ed acute/subacute neuropathies. It was shown in the results section that the incidence of NP in treatment-induced peripheral neuropathy of diabetes (TIND) was 100%, and the incidence of NP in diabetic cervical/lumbar radiculo-plexopathy was 86.4% (range: 81.2%-100%), which means the diabetes-related acute/subacute neuropathies are almost always pain (1). Russell JW et al (2) suggest that Diabetic neuropathy is common and can present with varied clinical presentations. Although treatment currently focuses on pain management, attention should be paid to potential risk factors for neuropathy. For example, glycemic control, hyperlipidemia, and hypertension should be managed with diet, exercise, and medications. TIND (also known as “insulin neuritis”) is an acute painful neuropathy occurring within about 2 months after rapid correction of serum glucose or a decrease above 2% of glycosylated haemoglobin (HB1ac) per 3 months, with insulin or oral hypoglycemic agents after a long history of hyperglycemia (1). So the use of insulin or oral hypoglycemic agents needs to be carefully monitored. Doses should start small at first, and lower glucose levels gradually. Serum glucose monitoring should be improved to prevent painful neuropathies.

I would like to consult with the authors about a question. Peripheral neuropathies are diseases of the peripheral nervous system that can be divided into mononeuropathies, multifocal neuropathies, and polyneuropathies (3). So, why were articles referring to mononeuropathies and monoradiculopathies excluded in the search strategy? I would very much appreciate a reply.

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REFERENCES

1. Artemiadis AK, Zi P. Neuropathic pain in acute and subacute neuropathies: A systematic review. *Pain Physician* 2018; 21:111-120.
2. Russell JW, Zilliox LA. Diabetic neuropathies. *2014 Oct;20(5 Peripheral Nervous System Disorders):1226-40.* {AU: Reference does not make sense. Please clarify.
3. Hanewinkel R, Ikram MA, Van Doorn PA. Peripheral neuropathies. *2016; 138: 263-82.* {AU: need journal}