

Paraneoplastic syndromes

New York Academy of Sciences - Paraneoplastic Syndromes Earliest Sign of Some Cancers

Overview of Common Paraneoplastic Neurologic Syndromes				
Syndrome Name	Common Clinical Features	Associated Malignancies	Diagnostic Antibodies	Potential Diagnostic Studies
Lambert-Eaton myasthenic syndrome	Muscle fatigue, weakness, memory loss, autonomic symptoms	1. SCLC (most common) 2. Testicular germ cell 3. Breast 4. Thymoma 5. Testis 6. Hodgkin lymphoma	1. Anti-SSA 2. Anti-SAE 3. Anti-CRMP2 4. Anti-amphiphysin 5. CAS-1	1. EMG 2. MR of the brain for hippocampal atrophy 3. CSF analysis
Subacute cerebellar degeneration	Ataxia, gait, dysarthria, dysmetria, cerebellar atrophy, memory loss	1. SCLC 2. Synovial sarcoma 3. Hodgkin lymphoma 4. Breast	1. Anti-Pe 2. Anti-Tr 3. Anti-CRMP2 4. Anti-SAE 5. Anti-Tr 6. Anti-Tr 7. Anti-SSA 8. Anti-SAE	1. MR of brain for cerebellar atrophy
Lambert-Eaton myasthenic syndrome	Lower extremity proximal muscle weakness, fatigue, dysarthria, autonomic symptoms, autonomic symptoms	1. SCLC 2. Thymoma 3. Cervical lymphoma 4. Lymphoma	Anti-SSA	EMG (low muscle action potential, increased response with low rate stimulation and increased response with high rate stimulation)
Rapidly progressive myelitis	Progressive weakness of extremities, sensory, autonomic and bowel, autonomic symptoms	Thymoma	Anti-SSA	EMG (decreased response to repetitive nerve stimulation)
Autonomic neuropathy	Paraneoplastic neuropathy involving sympathetic, parasympathetic, and enteric systems; symptoms include orthostatic hypotension, GI and bladder dysfunction, dysphagia, altered sweating, arthralgia, myalgia	1. SCLC 2. Thymoma	1. Anti-Tr 2. Anti-SSA 3. Anti-CRMP2 4. Anti-amphiphysin	Symptom dependent
Subacute peripheral neuropathy	Progressive pain, sensory, decreased deep tendon reflexes	1. SCLC 2. Breast 3. Ovarian 4. Sarcoma 5. Hodgkin lymphoma	1. Anti-Tr 2. Anti-CRMP2 3. Anti-amphiphysin 4. Anti-Tr	1. Nerve conduction studies 2. CSF analysis

Description: -
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Paraneoplastic Syndromes Information Page

In some cases, the tumor directly secretes the substance responsible for symptoms. In PEM and PSN, the autonomic dysfunction may be the first sign of the disorder. Anti-neuronal antibody may be helpful in identifying the source of cancer.

Paraneoplastic syndromes

ECS caused by small cell lung cancer SCLC , or other aggressive tumors, may have an atypical presentation with muscle wasting and weight loss instead of classical sings of hypercortisolism such as moon facies and weight gain. Your treatment will depend on the specific type of paraneoplastic syndrome you have, but it may include the following options.

Paraneoplastic Syndromes: Common Types and Symptoms

Louis, MO 63110 Phone: 314-362-6981 Fax: 314-362-2826 e-mail: pestronka neuro. Other malignancies with definite PND associations include gynecological malignancies, arising from the breast, ovary, fallopian tube and peritoneum, Hodgkin's and non-Hodgkin's lymphoma, testicular cancer and neuroblastoma.

Paraneoplastic syndromes of the nervous system

Paraneoplastic cerebellar degeneration Serum and CSF measurements of anti-neuronal antibodies, including PCA-1 anti-Yo for ovary or breast , ANNA-1 anti-Hu for SCLC , PCA-Tr anti-Tr for Hodgkin , CRMP-5 anti-CV2 for SCLC or thymoma can be helpful in making or excluding this diagnosis. The neurological illness precedes the diagnosis of cancer in the majority of cases; and the cancer may be in the early stages, proving difficult to detect at the time of neurological presentation.

Paraneoplastic Syndrome

Overview of paraneoplastic syndromes of the nervous system. What should you expect to find? However, non-specific MRI findings including changes in periventricular white matter and abnormal T2 signal may be present.

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