

Paraneoplastic syndromes

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

TABLE 122-2 Overview of Common Paraneoplastic Neurologic Syndromes					
Syndrome Name	Common Clinical Manifestations	Associated Malignancies	Onconatal Antibodies	Potential Diagnostic Features	
Limbic encephalitis	Most changes, memory hallucinations, memory loss, visual changes, hypothalamic syndrome	1. SCLC (most common) 2. Testicular germ cell tumor 3. Ovarian carcinoma 4. Thymoma	1. Anti-Hu 2. Anti-Ma2 3. Anti-CRMP5 4. Anti-amphiphysin	1. EEG 2. MRI (look for hippocampal atrophy) 3. Neuropathy in the temporal lobe 4. CSF analysis	
Subacute cerebellar degeneration	Ataxia, diplopia, dysarthria, gait atrophy, balance disturbance, nausea, vomiting	1. SCLC 2. Ovarian carcinoma 3. Hodgkin lymphoma 4. Breast	1. Anti-Hu 2. Anti-Ma2 3. Anti-CRMP5 4. Anti-amphiphysin	1. MRI of brain for cerebellar atrophy	
Lambert-Eaton syndrome	Lower extremity proximal muscle weakness, fatigue, dysautonomia, sweating, constipation, autonomic neuropathy	1. SCLC 2. Prostate carcinoma 3. Ovarian carcinoma	Anti-VGCC	EMG: low muscle action amplitude, decreased response to voluntary contraction, increased response with high rate stimulation	
Myasthenia gravis	Fatigable weakness of voluntary muscles, ptosis, double vision, diplopia, dysautonomia, weakness of respiratory muscles, hypertension, tachycardia, bradycardia, arrhythmia	Thymoma	Anti-AchR	EMG: increased response to repetitive nerve stimulation	Symptom dependent
Autonomic neuropathy	Paraneoplastic neuropathy (e.g., autonomic neuropathy, pain, paresthesias, dysesthesias, altered pulse pressure, arrhythmia)	1. SCLC 2. Thymoma	1. Anti-Hu 2. Anti-AchR 3. Anti-CRMP5 4. Anti-amphiphysin		
Subacute peripheral neuropathy	Paresthesia, pain, stinging, tingling, deep tendon reflexes	1. SCLC 2. Breast 3. Ovarian carcinoma 4. Hodgkin lymphoma	1. Nerve conduction studies 2. CSF analysis		

SCLC (small cell lung cancer), Hu (neurofilament protein), CRMP-5 (cerebral仁白质), CV2 (myelin basic protein), EMG (electromyogram), G (gamma

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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