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Neurology

BRACHIAL PLEXUS NEUROPATHY

If traction, direct trauma, purulent infection, malignancy, diffuse neuropathy, and myelopathy are all excluded as etiologic factors, a small number of patients may still develop brachial plexus neuropathy. Its etiology is obscure. Ninety-nine patients were followed over a period of several years. The disease may involve either the upper or lower brachial plexus, or both. Involvement is often bilateral. The onset is rapid, marked by pain and followed within two weeks by various degrees of weakness or paralysis. Mild to profound atrophy is seen in most cases, especially with lesions that affect the shoulder-girdle muscles. The prognosis of this disorder is excellent. The overall rate of recovery, calculated by the actuarial method of life-person analysis, showed that 36 per cent recovered within one year, 75 per cent in two years, and 89 per cent by the end of the third year. Neither severity nor type of lesion nor therapy with steroids and/or physical therapy appeared to affect the course of the illness or shorten the time to full functional recovery. (*Tsairis, P., Dyck, P. J., and Mulder, D. W. Natural History of Brachial Plexus Neuropathy. Arch. Neurol. 27: 109, 1972.*)