

# Causes of Polyneuropathy by Acuity

Acuity / Time course	Likely causes of polyneuropathy	Clinical clues / phenotype
<b>Hyperacute</b> (hours–days)	<ul style="list-style-type: none"> <li>• Guillain–Barr syndrome (AIDP/AMAN/AMSAN)</li> <li>• Acute intermittent porphyria</li> <li>• Vasculitic neuropathy (fulminant)</li> <li>• Toxic neuropathy (arsenic, thallium, organophosphates, hexacarbon solvents)</li> <li>• Critical illness polyneuropathy</li> <li>• Diphtheritic neuropathy</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid ascending weakness</li> <li>• Areflexia</li> <li>• Autonomic dysfunction</li> <li>• Cranial nerve involvement</li> <li>• Post-infectious history</li> <li>• Exposure history / ICU context</li> </ul>
<b>Subacute</b> (days–8 weeks)	<ul style="list-style-type: none"> <li>• Acute-onset CIDP / evolving CIDP</li> <li>• Nutritional deficiency (B12, copper, thiamine, vitamin E)</li> <li>• Toxic/drug-induced neuropathy</li> <li>• Paraneoplastic neuropathy</li> <li>• Infectious (HIV, Lyme, CMV, hepatitis)</li> <li>• Amyloid neuropathy</li> <li>• Sjgren syndrome / connective tissue disease</li> <li>• POEMS syndrome</li> <li>• Uremic neuropathy</li> </ul>	<ul style="list-style-type: none"> <li>• Progression beyond expected GBS timeframe</li> <li>• Medication association</li> <li>• Constitutional symptoms</li> <li>• Sensory ataxia</li> <li>• Autonomic dysfunction</li> <li>• Systemic disease features</li> </ul>

Acuity / Time course	Likely causes of polyneuropathy	Clinical clues / phenotype
Chronic (<8 weeks to months/years)	<ul style="list-style-type: none"> <li>• Diabetic distal symmetric polyneuropathy</li> <li>• Alcohol-related neuropathy</li> <li>• Chronic kidney disease / uremia</li> <li>• Hypothyroidism</li> <li>• Monoclonal gammopathy-associated neuropathy (MGUS, anti-MAG)</li> <li>• CIDP</li> <li>• Hereditary neuropathies (CMT, HNPP, hereditary amyloid)</li> <li>• Chronic toxic exposure</li> <li>• HIV-associated DSP</li> <li>• Leprosy</li> <li>• Sarcoidosis</li> </ul>	<ul style="list-style-type: none"> <li>• Length-dependent sensory symptoms</li> <li>• Metabolic disease</li> <li>• Family history</li> <li>• Relapsing weakness</li> <li>• Chronic systemic illness</li> </ul>
Relapsing / episodic	<ul style="list-style-type: none"> <li>• CIDP</li> <li>• Hereditary neuropathy with liability to pressure palsies (HNPP)</li> <li>• Porphyria</li> <li>• Autoimmune / vasculitic neuropathy</li> </ul>	<ul style="list-style-type: none"> <li>• Stepwise deterioration / improvement</li> <li>• Recurrent focal deficits</li> <li>• Episodic neurovisceral attacks</li> </ul>

## Pattern Recognition

Phenotype	Think of
Predominantly motor, acute	GBS, porphyria, lead toxicity
Painful asymmetric neuropathy	Vasculitis, diabetes (mononeuritis multiplex), amyloid
Sensory ataxic neuropathy	Sjgren, paraneoplastic, cisplatin
Small-fiber + autonomic	Diabetes, amyloid, Fabry, HIV
Demyelinating	GBS, CIDP, anti-MAG, hereditary demyelinating neuropathy
Axonal	Diabetes, toxins, nutritional deficiency, vasculitis