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AN EVALUATION OF THE USEFULNESS OF PERIPHERAL NERVE BIOPSIES

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10.1136/jnnp-2014-309236.169

Peripheral nerve biopsy may be useful in selected patients, but practice varies, partly due to continued uncertainty over usefulness of biopsy.

An audit was completed of all patients who had undergone nerve biopsy over a 3 year period (2009–2012) at a tertiary regional neuroscience centre. 61 patients were identified and medical information of 54 patients was obtained (33 male, 21 female patients; mean age 63.6 years). The sural nerve was the most commonly biopsied nerve (94.4%). Complications (pain, stitch extrusion, dysaesthesia, infection) occurred in 7.4%.

Neurophysiological pre-biopsy diagnosis was axonal in 74.1% (37.5% vasculitic); demyelination in 14.8% (all CIDP); axonal and demyelinating in 9.3%, and MND in 1.9%. Overall, biopsy led to diagnostic confirmation in 14.8% of patients, change of diagnosis in 11.1%, and change to treatment in 9.3%. As some patients were represented in more than one of these groups, overall 72.2% of biopsies yielded neither further diagnostic information, nor led to change in diagnosis or treatment.

Nerve biopsy was of clinical benefit to 1 in 4 patients and management was directly altered in 1 in 11 patients. Nerve biopsy remains of use, and has an acceptable complication rate in diseases with significant burden from ineffective or inappropriate treatment.