Benign Sensory Symptoms

(normally not requiring a neurological outpatient consultation)

– advice for initial management in primary care

Centre for Sustainable Delivery

NHS SCOTLAND

Introduction

This Fact Sheet provides information on how to treat patients with Benign Sensory Symptoms in different situations and circumstances.

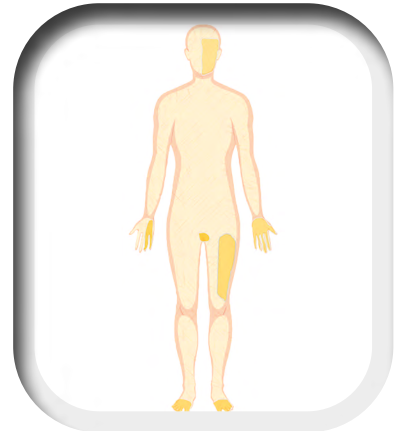
Sensory symptoms

Sensory symptoms are common in the general population and the majority of patients don't need a neurological consultation to deal with them.

Are the symptoms intermittent?

If symptoms come and go, they are likely to be benign.

Paraesthesia (a burning or prickling sensation) due to peripheral neuropathy is usually persistent (although variable) and if related to Multiple Sclerosis (MS) tends to worsen over a few days and plateau for several weeks before improving. If related to MS, it will also rarely be in the distributions shown in this diagram (and in more detail on the reverse of this leaflet).



In particular, if symptoms are lasting seconds or minutes then you can be generally adopt a 'wait and see' policy.

Are they related to posture or time of day?

Hand symptoms occurring at night or in the morning are usually carpal tunnel or ulnar compression, regardless of the distribution. Tingling or burning in the feet mostly at night is common as part of restless legs syndrome. Meralgia (tingling, burning or numbness) may be worse after driving or with tight clothing.

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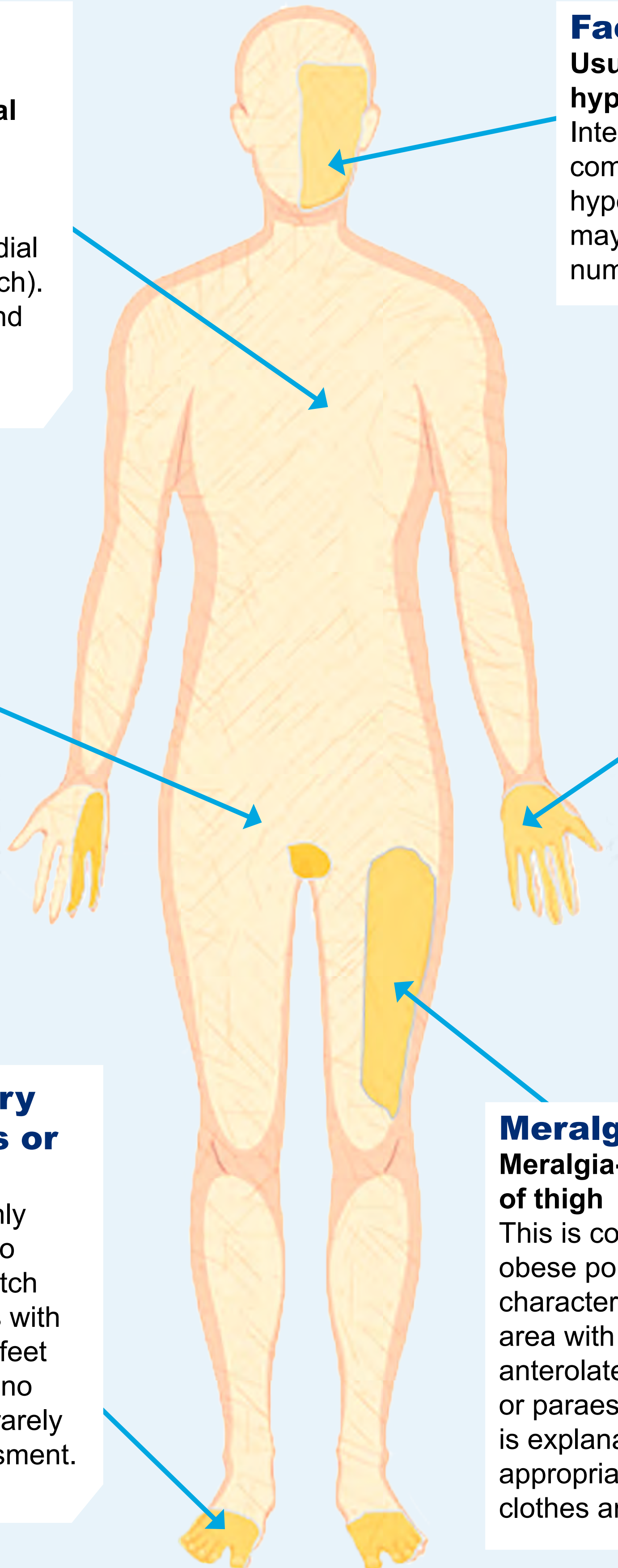

Notalgia Paraesthetica

Numbess/itchiness medial to scapula

Describes an area of paraesthesia, which is sometimes itchy, in the medial scapula (where you can't itch). It is benign but annoying and there is no investigation or treatment required.

Facial numbness

Usually migraine or hyperventilation

Intermittent facial numbness is common with migraine, also in hyperventilation (where there may be perioral or tongue numbness).

Carpal tunnel and Ulnar sensory symptoms

Often affects whole hand

These are common in the population. Advise a wrist splint to be worn at night for 12 weeks in suspected carpal tunnel syndrome. Advise avoiding leaning on elbows, prolonged elbow flexion, especially at night for ulnar nerve symptoms. Patients with sensory symptoms only should usually be managed conservatively.

Intermittent genital numbness

This is nearly always benign and commonly associated with chronic pelvic pain. Think about cauda equina/neurosurgical referral if there is sphincter dysfunction and/or sciatica or leg weakness.

Intermittent sensory disturbance in toes or burning in feet

If sensory disturbance is only in the toes, it is rarely due to a neurological disease. Watch and wait. Similarly, patients with burning sensations in their feet but normal ankle jerks and no clear sensory disturbance rarely require neurological assessment.

Meralgia paraesthetica

Meralgia-lateral cutaneous nerve of thigh

This is common especially in the obese population. The patient will characteristically be able to draw an area with their finger around their anterolateral thigh which is numb or paraesthetic. The management is explanation, weight loss where appropriate and avoiding tight clothes around the inguinal region.