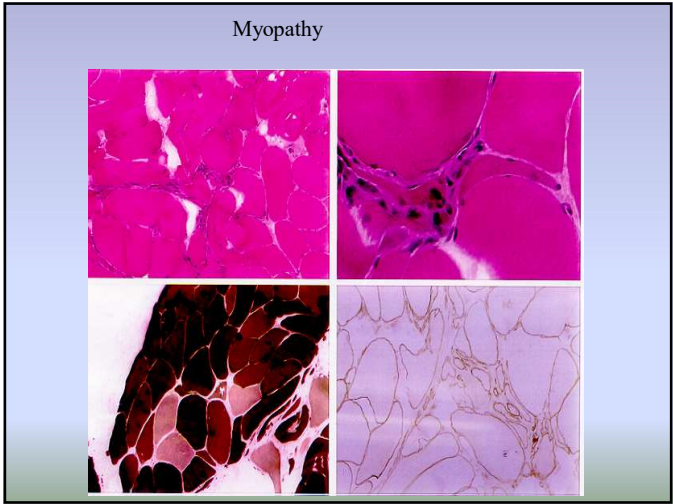
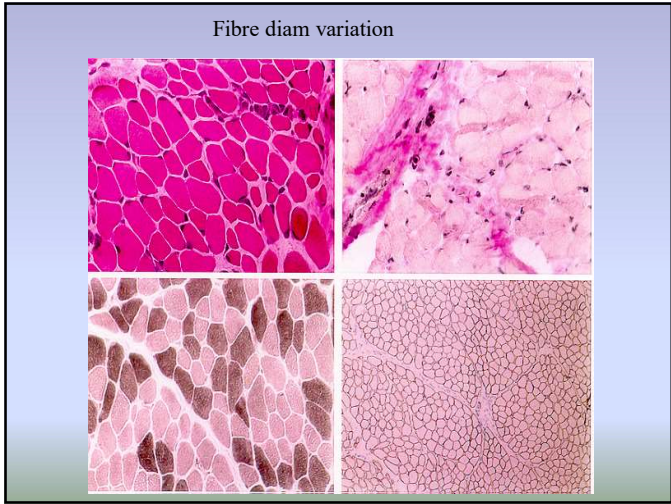
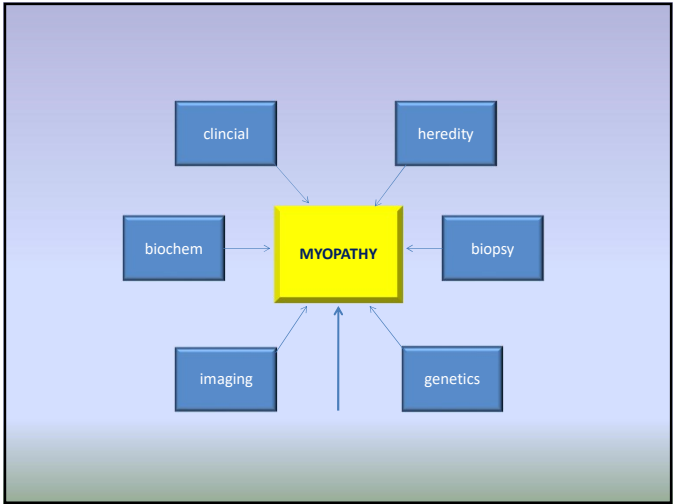


EMG in MYOPATHY

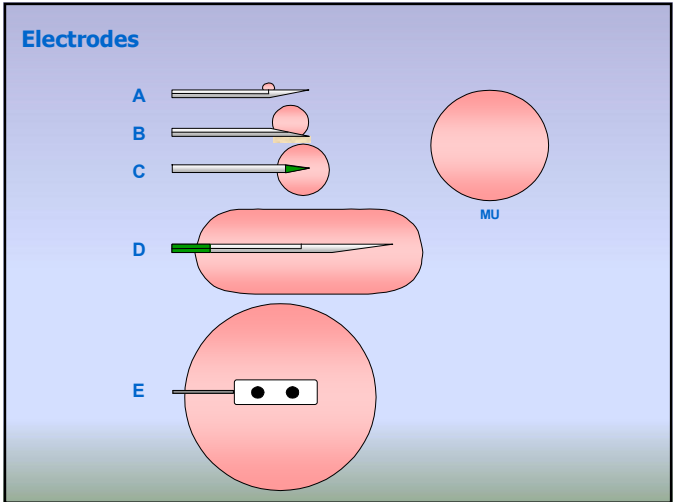
**Which information
do we get from EMG today?**

Erik Stålberg
Uppsala, Sweden

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- 1. Background to typical “myopathic” EMG findings
- 2. Situations where EMG gives “unique” information



- ### CNEMG
- **At rest** denervation and spec spontaneous activity (myotonia, CRD, neuromyotonia)
 - **MUP** number of fibres in recorded area
fibre diameters
n-m transmission
 - **IP** recruitment pattern
total number of MUs at full effort

Spontaneous activity from the muscle

FINDING

- fibrillation potentials, psw
- myotonic discharges
- CRD
- myokymic discharges
- myogenic extra discharges

QUANTIFY AS

- #/ 10 recording sites
- or +, ++, +++, +++++
 - few
 - moderate
 - abundant
- or
 - spontaneous or
 - after provocation

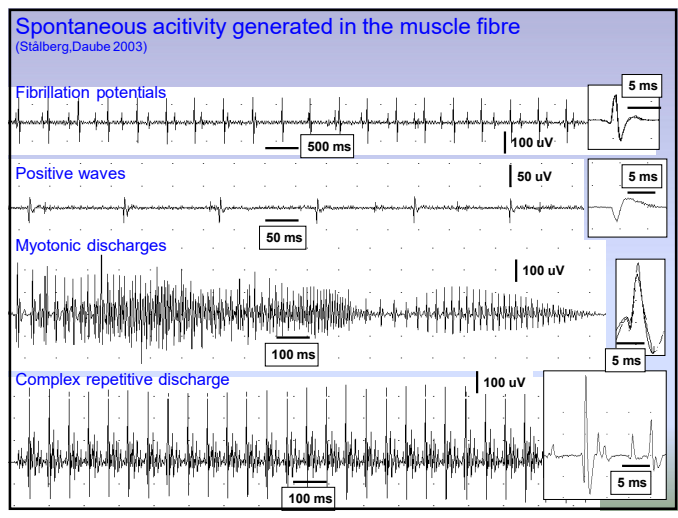
Stålberg

Spontaneous activity from the nerve

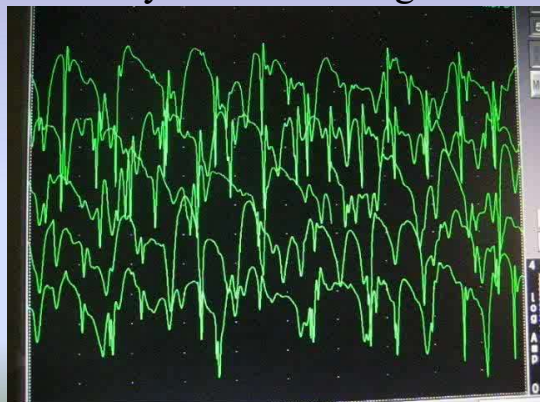
- FINDING**
- neuromyotonic discharges
 - myokymic discharges
 - muscle cramps
 - fasciculations
 - neurogenic extra discharges

- QUANTIFY AS**
- #/ 10 recording sites
 - or +, ++, +++, ++++
 - Few (per time unit)
 - moderate
 - abundant
 - or
 - spontaneous or
 - after provocation

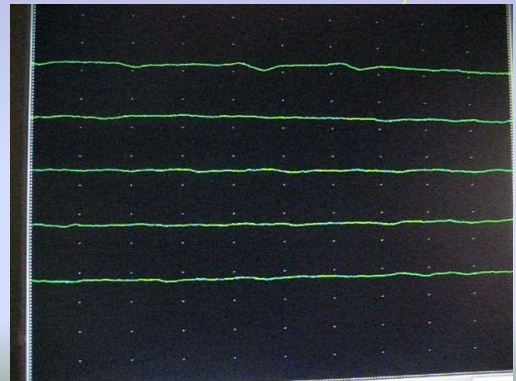
Stålberg



Myotonic discharge



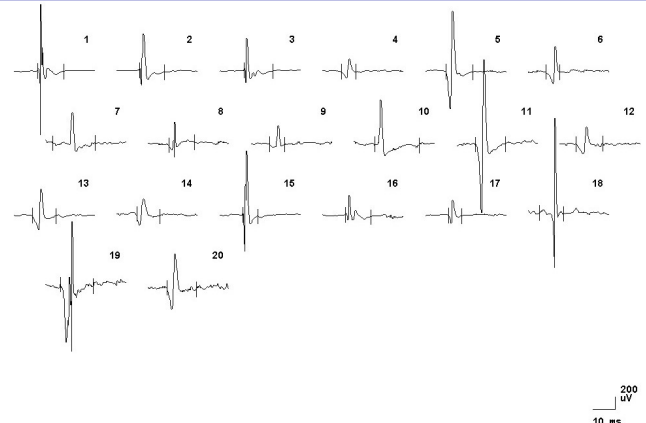
Myotonia; warm up after 1 minute of activity



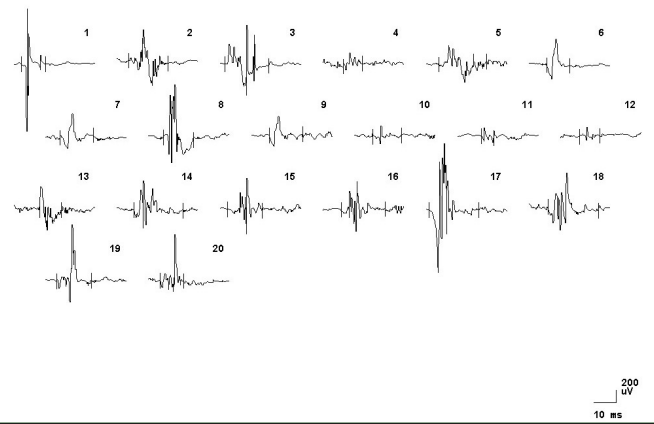
CNEMG

- At rest denervation and spec spontaneous activity (myotonia, CRD, neuromyotonia)
- MUP number of fibres in recorded area
fibre diameters
n-m transmission
- IP recruitment pattern
total number of MUs at full effort

MUP, normal TA

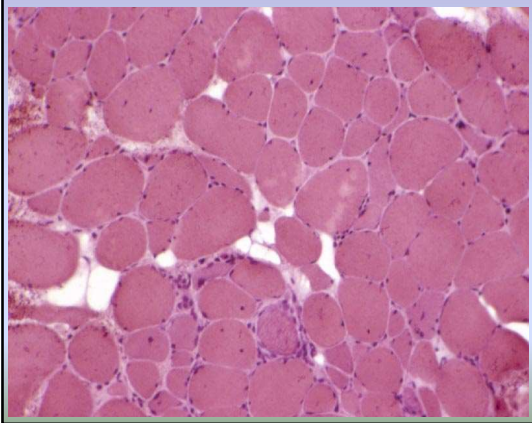


MUP, myopathy TA



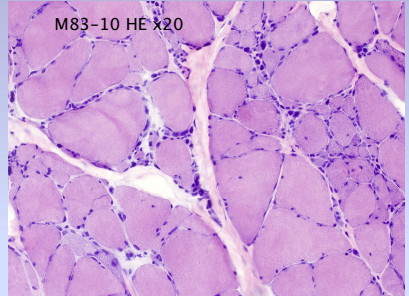
The EMG simulator

Emery-Dreifuss muscular dystrophy, X-linked type 1 (EDMD; emerinopathy)

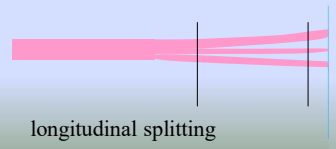


Mild to moderate dystrophic changes: Fiber size variation, a few necrotic fibers, central nuclei, increase of fibrous connective tissue and fat between myofibers.

Courtesy Kallimo, 2010



M83-10 HE x20

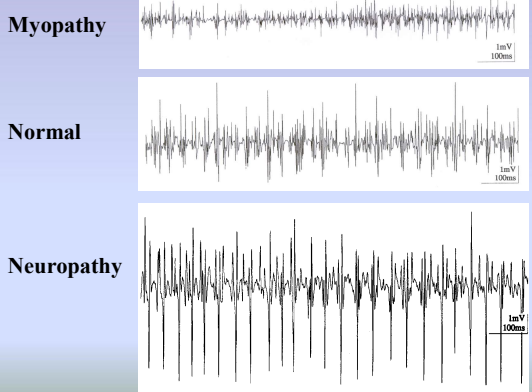


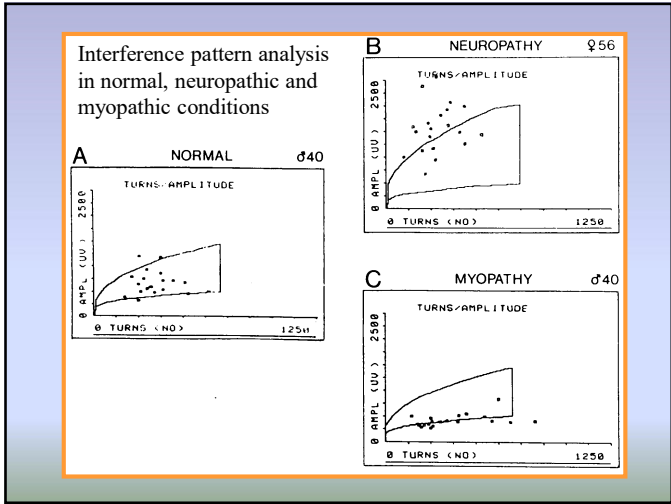
longitudinal splitting

CNEMG

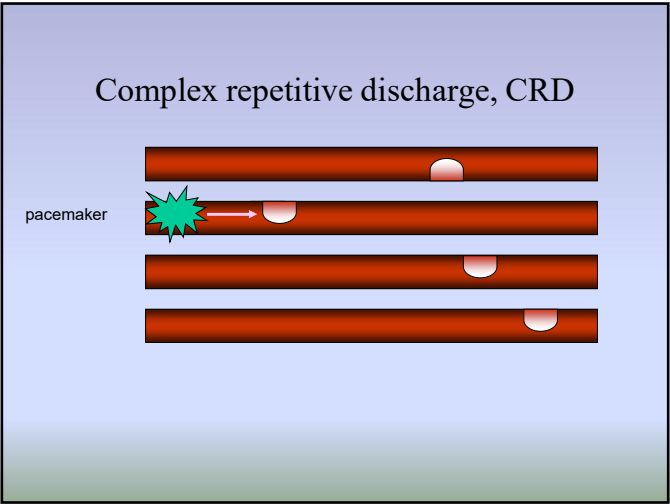
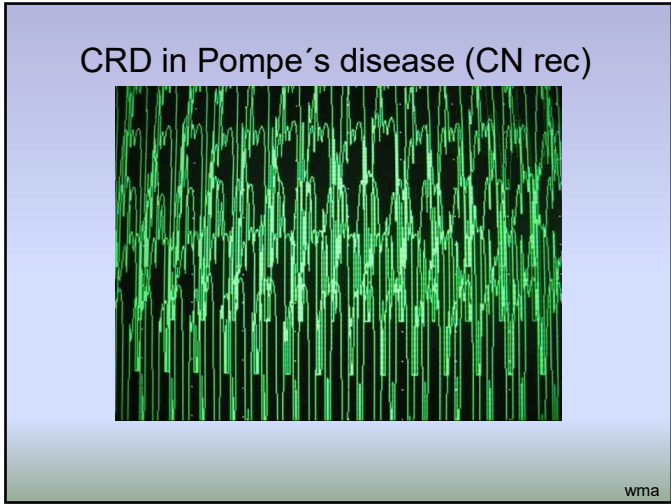
- At rest denervation and spec spontaneous activity (myotonia, CRD, neuromyotonia)
- MUP number of fibres in recorded area
fibre diameters
n-m transmission
- IP recruitment pattern
total number of MUs at full effort

EMG - interference pattern

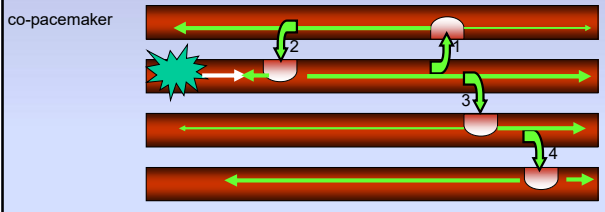




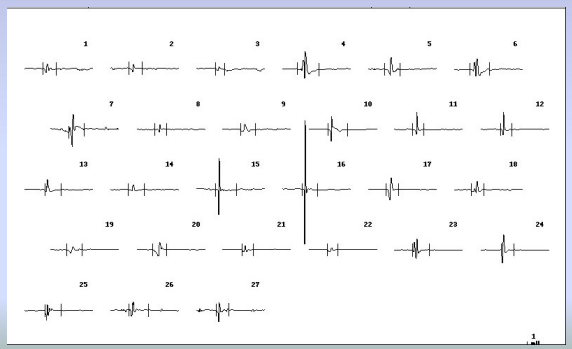
Beyond conventional EMG



Complex repetitive discharge, CRD

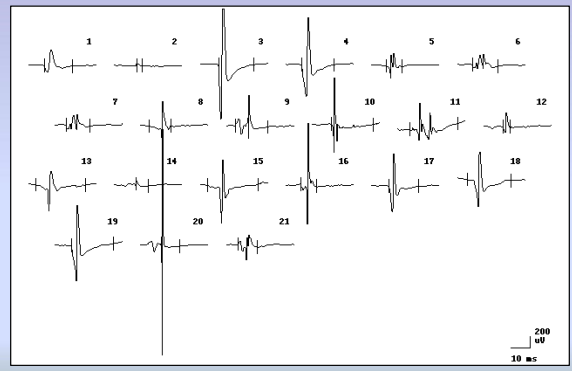


Myopathy, EDB



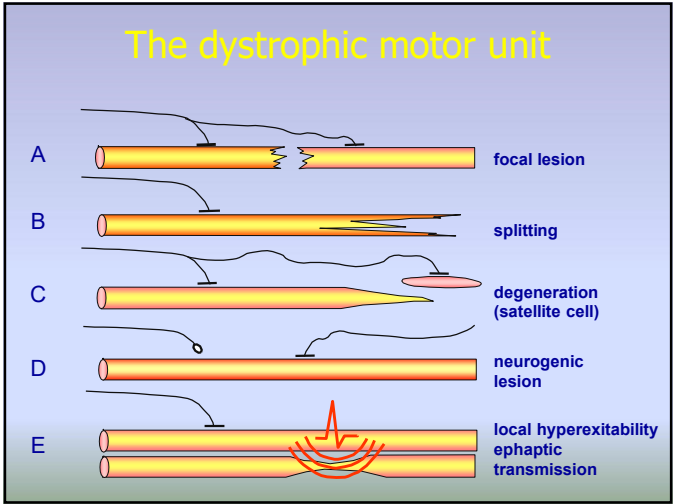
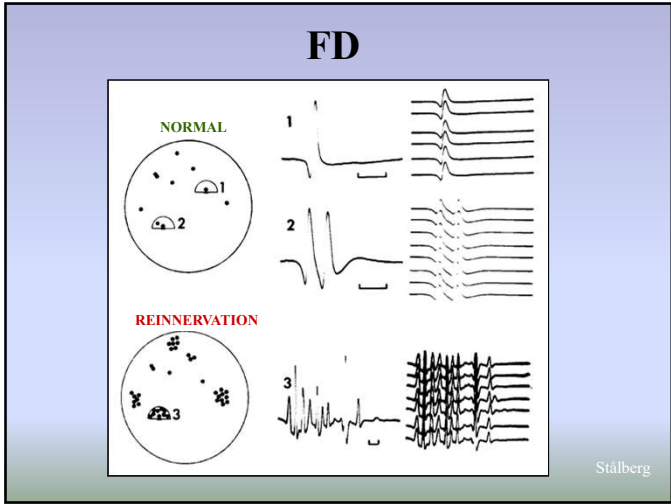
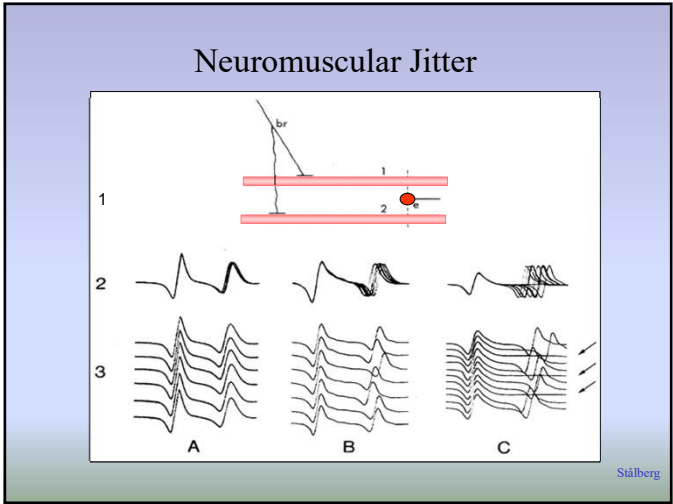
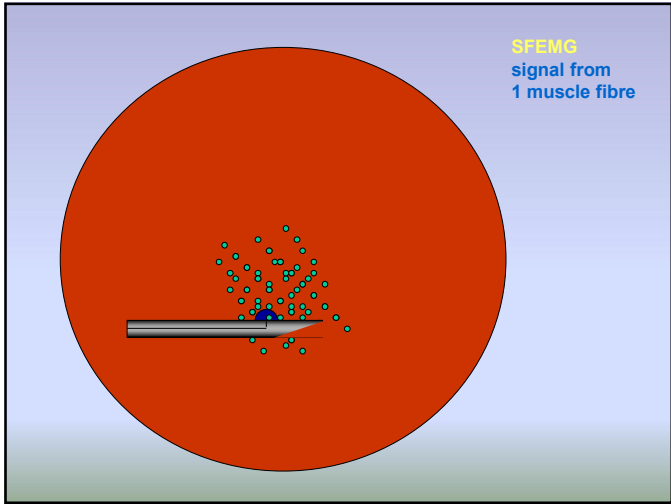
3741

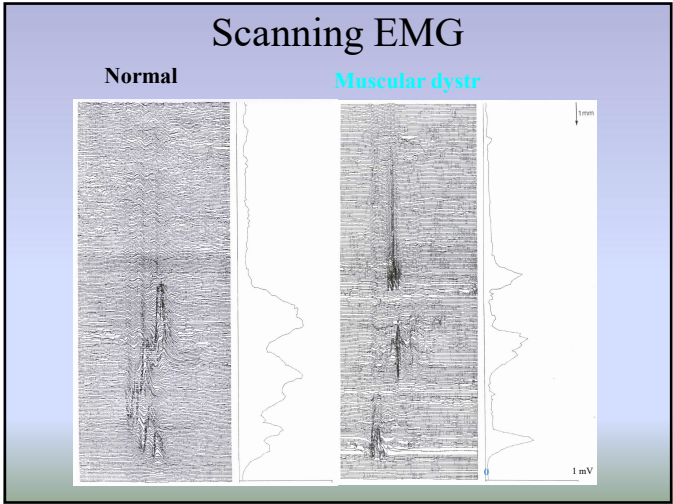
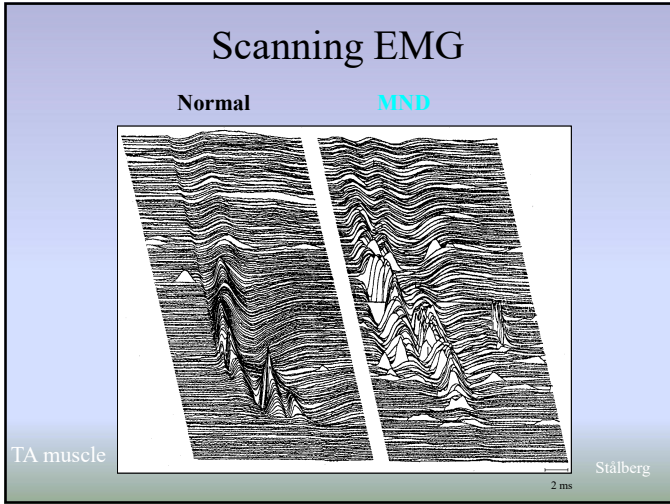
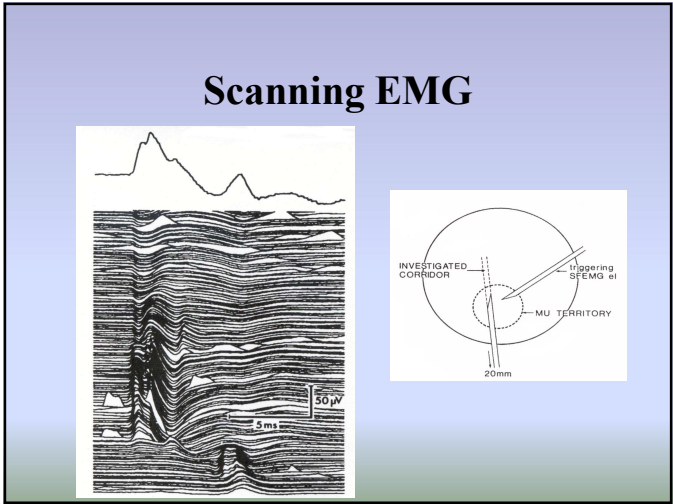
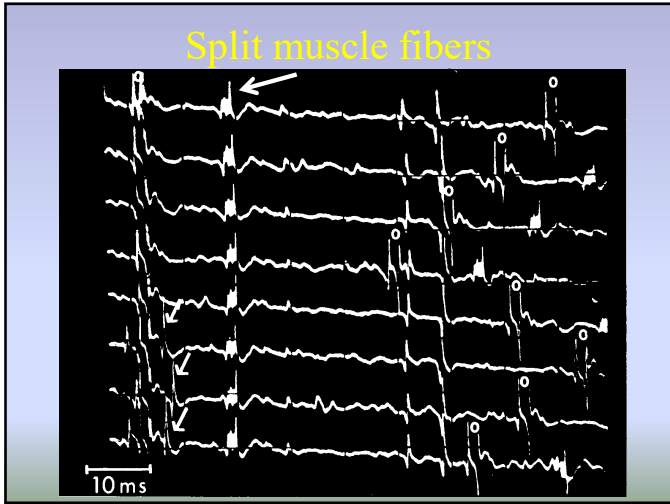
Hereditary distal myopathy (CN rec)



Lat vastus m

Other EMG methods





Sensitivity/specificity of EMG in Myopathies

- **Sensitivity** (abnormal vs normal):
 - depends on type of myopathy:
 - Duchenne, myositis..... 90-99%
 - Metabolic myopathymay be very low
- **Specificity** (classification):
 - EMG usually not specific in separating subgroups

EMG combined with other findings gives a clue

- Myopathy +Neuropathy;
 - think of mitochondrial dysfunction,
 - malignancy
- Normal EMG in clinical myopathy;
 - think of metabolic myopathy
- Performance/EMG discrepancy;

• Weakness + full EMG pattern	myopathy
• Weakness + normal MUPs	central

Indications for EMG and myopathy

- **Weakness/fatigue**
 - central
 - motor neurone
 - peripheral nerve; pnp, focal
 - muscle (nm-j, myopathy, periodic weakness)
- **Cramps**
 - myotonia, ben. fasc. syn., neurotonia, stiff p. syn
- **Pain**
- **ICU**
 - Critical illness...