

NEUROPATHIES PERIPHERIQUES LIEES AUX CHIMIOETHERAPIES

Un référentiel sur les neuropathies périphériques dans le cadre du cancer est disponible sur le site du réseau régional de cancérologie RRC-RA. Cette présente section ne traite que des neuropathies périphériques – douloureuses ou non – induites par les chimiothérapies.

Grade 1	Asymptomatique.
Grade 2	Symptômes modérés limitant les activités instrumentales de la vie courante.
Grade 3	Symptômes sévères affectant la capacité du patient à prendre soin de soi.
Grade 4	Conséquences vitales, intervention urgente nécessaire.

Tableau 20 – Cotation des neuropathies sensitives périphériques selon la classification CTCAE v5.0

Le DN4 est un questionnaire recommandé par la HAS permettant de diagnostiquer les douleurs neuropathiques et d'en évaluer la gravité (72) (cf. **Figure 4**). Le Tableau 21 reprend les principales caractéristiques cliniques en fonction des molécules utilisées (73).

Aucun traitement n'a démontré d'efficacité pour prévenir les neuropathies induites par les chimiothérapies (74). Notamment, les essais randomisés dans les cancers du sein, n'ont démontré aucun bénéfice des traitements suivants dans la prise en charge des neuropathies induites par la chimiothérapie : L-Carnitine (75), glucathion IV (76).

La **duloxétine** (CYMBALTA®, 30 mg per os/j pendant 1 semaine puis 30 mg x 2/j pendant 4 semaines) a été testée dans les neuropathies douloureuses liées aux taxanes ou à l'oxaliplatine (n=231). Elle a montré une efficacité significative mais modeste sur l'intensité de la douleur ainsi que sur la qualité de vie. Les effets secondaires de la duloxétine étaient modestes (16% de grade 2 et 7% de grade 3 : fatigue, insomnie, nausées) (77–79).

Substance	Signes sensitifs	Douleur	Signes moteurs	Signes végétatifs	Réflexes	Récupération à l'arrêt
Cisplatine Carboplatine	Paresthésie Pallesthésie (vibrations) diminuée Proprioception diminuée Effet sur la sensibilité au chaud/froid inconnu	Dysesthésie	Normaux	Rares (orthostatisme)	Diminués	Récupération possible mais une progression des symptômes – l'arrêt est possible (rebond)
Paclitaxel Docétaxel	Paresthésies Pallesthésie diminuée Proprioception diminuée Sensibilité mécanique et au chaud/froid diminuée	Dysesthésie Brûlures et sensation de chaleur	Rares (proximale > distal)	Rares (orthostatisme)	Diminués	Pas de récupération en générale voire aggravation possible
Vinorébine	Proprioception diminuée Sensibilité mécanique et au chaud/froid diminuée	Dysesthésie Brûlures et picotement	Déficit (faiblesse) distal	Dys-régulation orthostatique, constipation, impuissance	Diminués	Récupération habituelle à la fin du traitement

Tableau 21 – Tableau clinique des principales substances utilisées en oncologie thoracique et induisant des neuropathies périphériques

La réponse à chacun des items est cotée 1 si la réponse est OUI et 0 si la réponse est NON. Le score maximum est de 10. Le diagnostic de douleur neuropathique est posé à partir d'un score de 4/10.

Interrogatoire du patient

Question 1 : La douleur présente-t-elle une ou plusieurs des caractéristiques suivantes ?

1. Brûlure
2. Sensation de froid douloureux
3. Décharges électriques

Question 2 : La douleur est-elle associée dans la même région à un ou plusieurs des symptômes suivants ?

4. Fourmillements
5. Picotements
6. Engourdissement
7. Démangeaisons

Examen du patient

Question 3 : La douleur est-elle localisée dans un territoire où l'examen met en évidence?

8. Hypoesthésie du tact
9. Hypoesthésie à la piqure

Question 4 : La douleur est-elle provoquée ou augmentée par

10. Le frottement

Figure 4 – Questionnaire DN4 pour le diagnostic des douleurs neuropathiques

Recommandation

La Duloxétine est une option pour le traitement des neuropathies sensitives douloureuses induites par les taxanes (hors AMM). Son efficacité doit être soigneusement évaluée.

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