Amputation in case of two therapy-resistant complex regional pain syndrome

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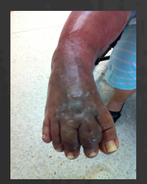
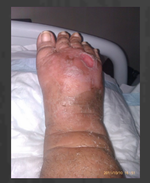
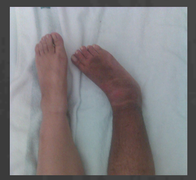
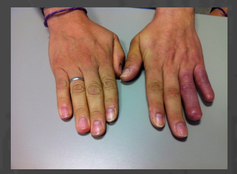
OBJECTIVES: Instead amputation for treatment of long-standing, therapy-resistant CRPS is controversial, it could be a valid option for several reasons: severe pain, dysfunctional limb, infection or ulcers. We present two cases of amputation for different reasons. Both patients explicity requested the amputation.

METHODS:

A 36 years old woman with CRPS type I in the right leg because of metatarsal fracture 8 years ago, carrier of a system of spinal cord stimulation and an intrathecal morphine pump. The swelling was the predominant symptom, which caused infected ulcers that required intravenous antibiotic treatment and, therefore, hospitalization. The amputation was performed above-knee.

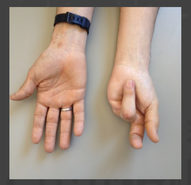




A 38 years old man with CPRS type II in the left hand after a cubital section 2 years ago. The sensory, authonomic and motor changes were mainly located in the forth and fifth fingers, so, they were amputated.




RESULTS:

The patient improved. Her pain was decreasing, what allowed us to reduce the dose of intrathecal morphine until it stopped. She had no recurrence of CPRS or phantom pain. She was successfully fitted with a prosthesis and improved her functional ability.

He had a recurrence of CRPS in the stump, with maintained pain, swelling and stiffness in the third finger. Now, he requests a new amputation of the third finger.

CONCLUSION: Amputation as a last-resort treatment has led to positive as well as negative outcomes. It may offer new perspectives, but also the risk of new problems, such as phantom limb (77%) or CPRS recurred in the residual limb or another limb (27%). Amputation can be justified for the treatment of therapy-resistant infection as a last resource. However, other treatment options should be explored before an amputation is performed for the treatment of severe pain or a dysfunctional limb. Anyway, when a patient requests it, it should be taken into consideration.

BIBLIOGRAPHY:

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