

DORSAL ROOT GANGLION BIPOLAR PULSED-RADIOFREQUENCY FOR RADICULOPATHY TREATMENT AFTER VERTEBRAL EN BLOC SURGICAL RESECTION

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Introduction

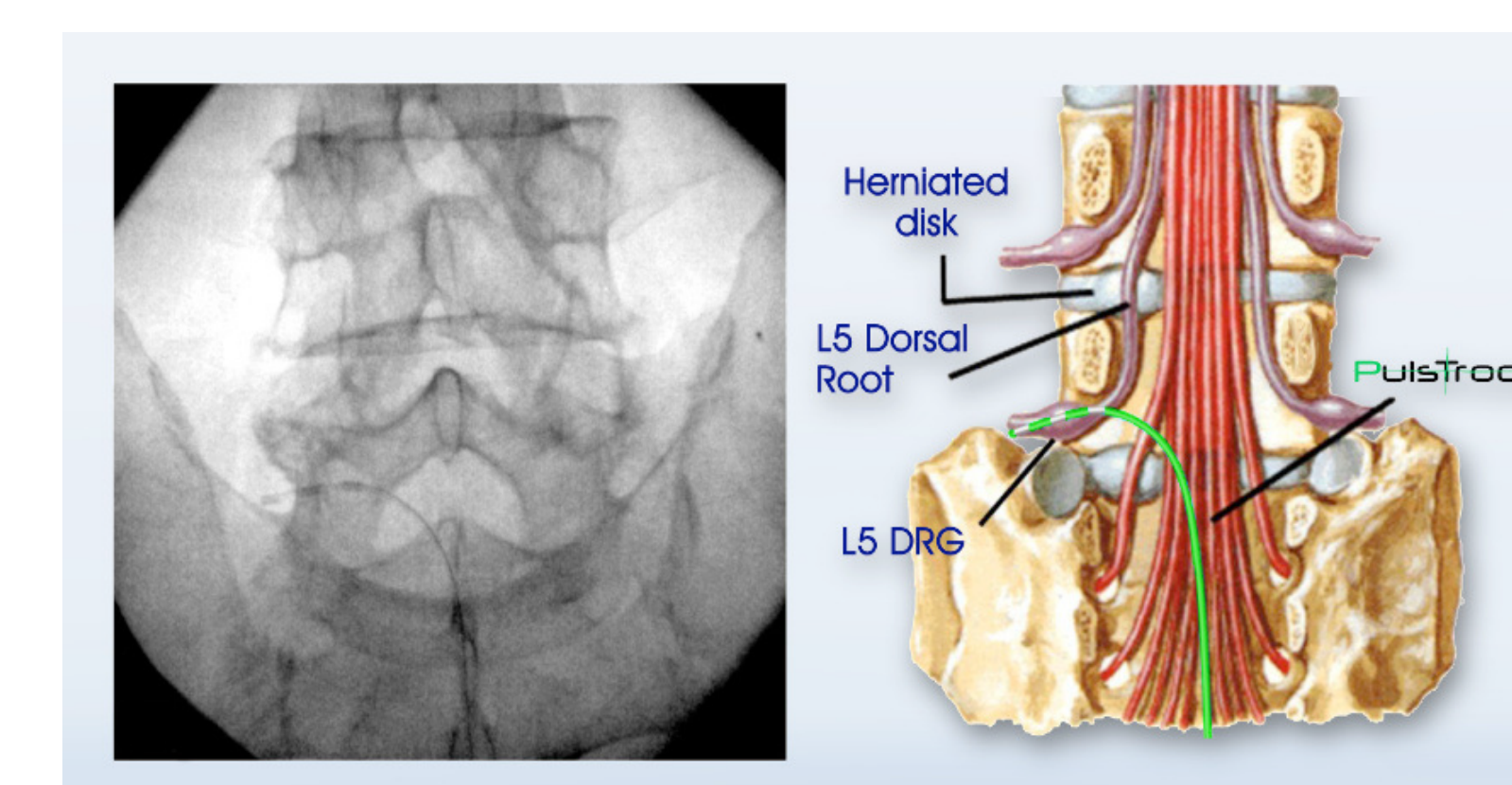
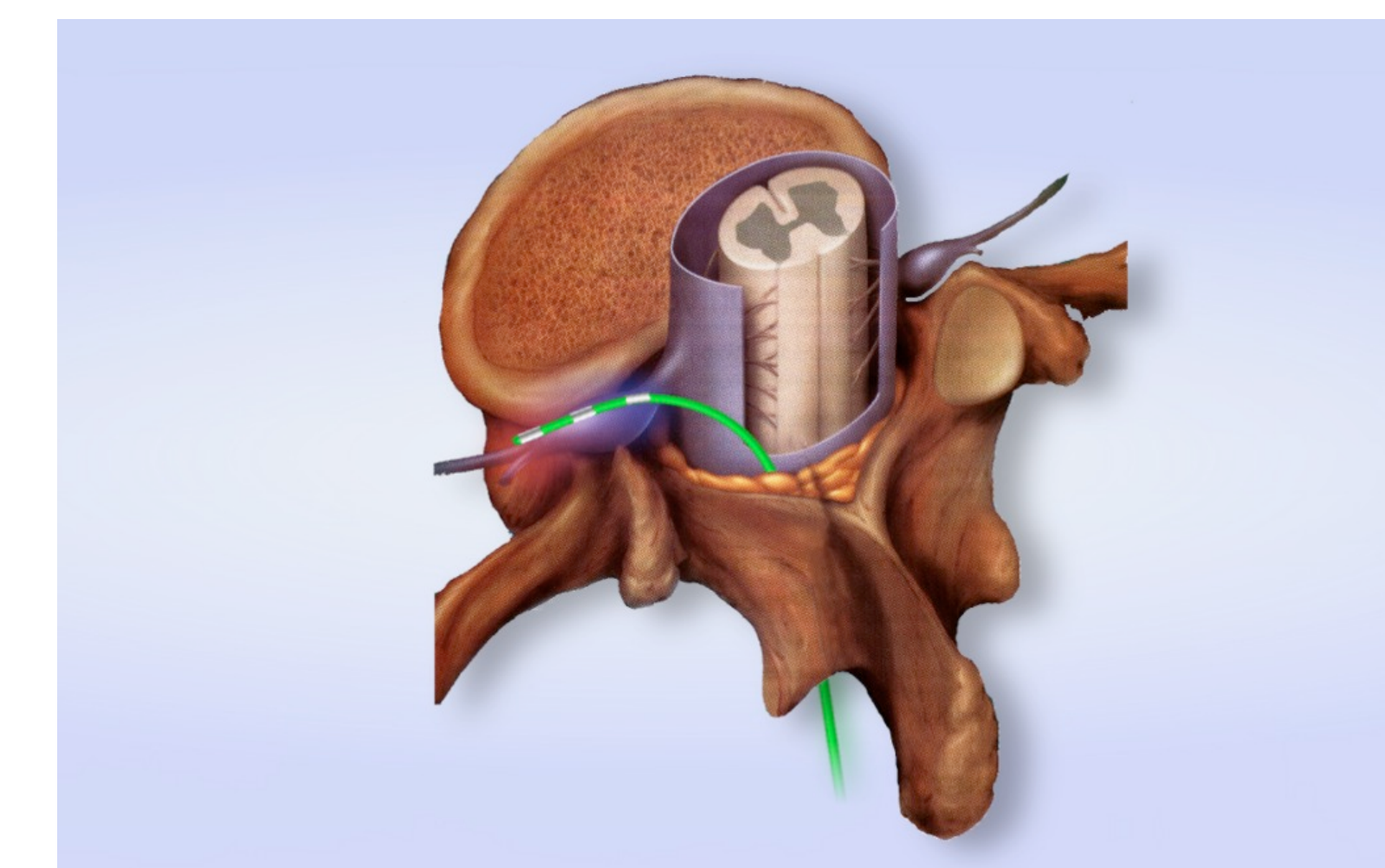
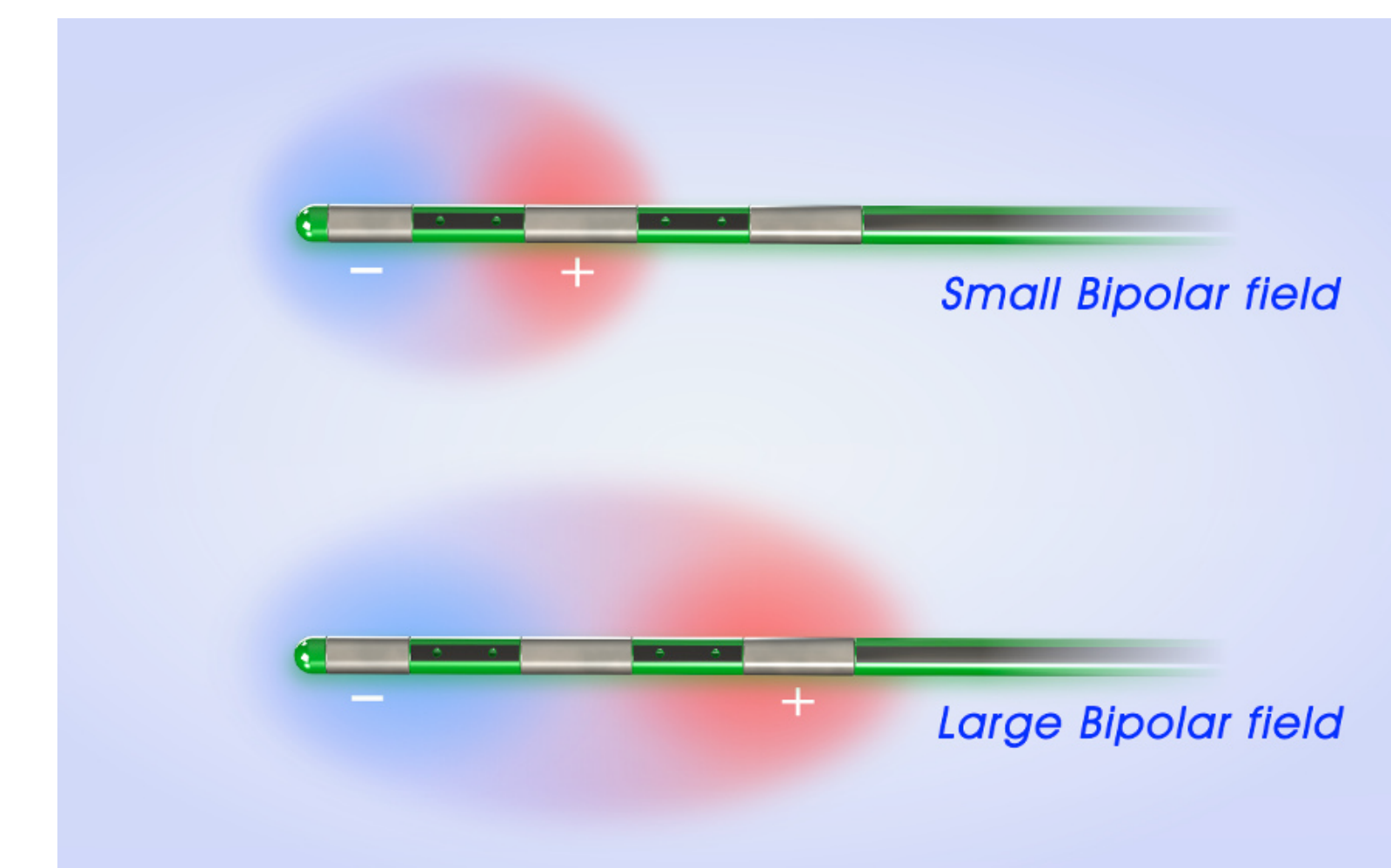
Dorsal Root Ganglion (DRG) Pulsed-radiofrequency has been suggested as a minimally invasive treatment for neuropathic pain.

Objectives

Osteoblastoma is a rare, bone-forming neoplasm accounting for 1% of primary bone tumors. It arises in young patients and develops in long bones and posterior elements of the spine. Clinically, the most common presenting complaint for patients with osteoblastoma is pain. Aggressive forms of osteoblastoma tend to present with more pain, likely due to localized areas of destruction. Surgical treatment is still treatment of choice although technical difficulties, drawbacks and complications.

Materials & Methods

A 16-year-old man underwent surgery for L4 osteoid osteoma for radiofrequency. Later, due to osteoblastoma degeneration, en bloc surgical resection was performed. After surgery the patient presented radicular pain in right L4-L5 territory. Conservative management, and sole capsaicin patch application, showed no improvement in pain scores, and rehabilitation program was delayed. Orthopedics reported L4 elongation and traction during surgical technic. Because vertebral anatomy alteration and root damage risk, a caudal approach was perform. L4-L5 right roots were easily located by motor stimulation (2Hz, 0,6V). L4 -L5 DRG bipolar-pulsed-radiofrequency (PulsTrode® electrode) were perform (90' 42°C).



Conclusions

Caudal approach seems to be a secure approach for modified anatomy in spine. Bipolar pulsed-radiofrequency could be an accurate and advisable technic for radicular pain. Temperature-controlled allow us reach high-voltage radiofrequency in a wider area.

Results

Patient refers significant pain brief (VAS 4, from 9). Conservative treatment has been reduced and rehabilitation exercises has started.

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