

COMPLEX PAIN REGIONAL SYNDROME POST-HERNIORRAPHY: SPINAL CORD STIMULATION AS ALTERNATIVE TREATMENT

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OBJECTIVES: To report a case of a patient who underwent inguinal hernia repair that evolved into complex regional pain syndrome and, having fulfilled the established treatment algorithm, it was resolved with spinal cord stimulation.



METHODS:

Female patient, 37 years old, Hispanic, who underwent inguinal hernia repair with mesh implant, under regional anesthesia. The patient evolved with groin pain. The prosthetic material, suspected as the cause of pain was retired, a month later in a second surgery. Despite this, increased intensity pain spread to genital area and top of the thigh and Visual Analogue Scale (VAS) was 10/10, accompanied by allodynia, dysesthesia, paroxysms and regional autonomic changes, so diagnosis is made: complex regional pain syndrome type II (CPRS) (*figure 1*)



FIG 1

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Standard algorithm treatment based on evidence (1) was performed:

1. Oral medication: gabapentin 1800 mg /day, amitryptiline 75 mg/day, morphine 90 mg /day and clonazepam 2 mg/day.
2. Continuous epidural block with lidocaine 1% trough epidural catheter with elastomeric pump (30 mg/hour) with patient hospitalized.
3. Lumbar sympathetic block, with patient ambulatory
4. Lumbar sympathetic radiofrequency

Because the diagnosis of CRPS is based on signs and symptoms derived from medical history and physical examination, algorithm is fulfilled according to clinical.

In the absence of sustained analgesic response and after psychological evaluation, spinal cord stimulation trial was performed (2, 3).

Under local anesthesia and fluoroscopy guidance, percutaneous paddle octopolar electrode (EPIDUCER lead delivery system) was introduced. The final position of the lead was between T8 and T10. The trial was successful, so EON rechargeable generator (Saint Jude INC) was implanted. (*figure 2 and 3*)

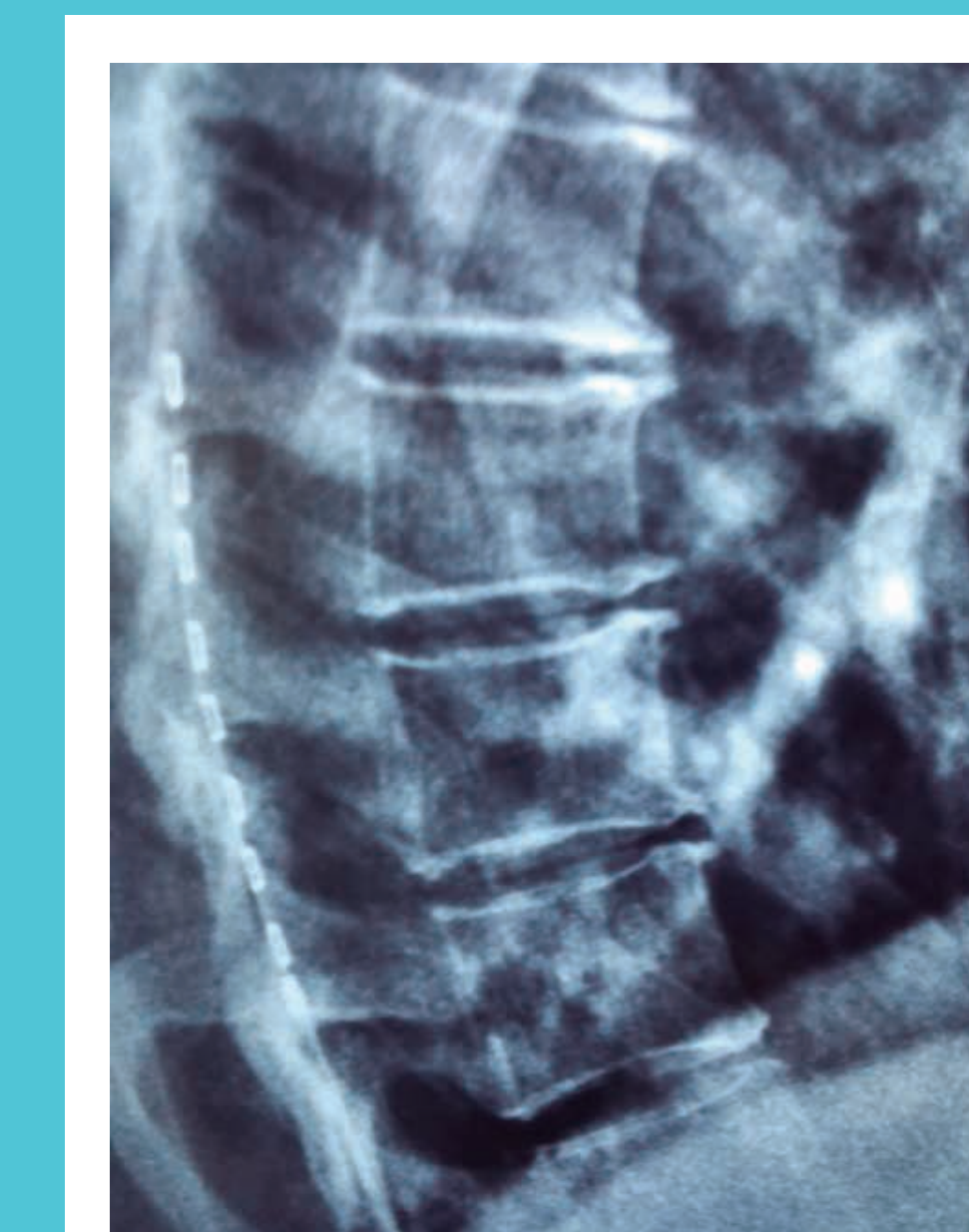


FIG 2 and 3



RESULTS:

The patient achieved VAS 0/10 immediately. She was able to return to her normal activities and discontinue use of pain medications. Stimulator parameters were in the same range of the trial. The patient learned to use the device easily.



CONCLUSIONS:

Post herniorrhaphy inguinal neuralgia can be a chronic disabling condition in some patients, with significant economic and psychological consequences. Spinal cord stimulation is currently a safe, effective and relatively easy to perform when the algorithm of treatment of CRPS failed.

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