

PROLOTHERAPY TREATMENT OF CHRONIC FLEXION/EXTENSION CERVICAL INJURY DOCUMENTED WITH PAINTRACKER, 6 MONTH FOLLOW UP



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Objectives: Successful treatment with prolotherapy of a 64 year-old female with chronic whiplash-related symptoms after failure of conservative methods and standard interventional techniques.

Background: Whiplash describes an extension/flexion cervical injury, which frequently improves spontaneously, but chronic pain can develop. A variety of resulting conditions, such as facet dysfunction, myofascial pain, and cognitive problems can develop. Patients with these symptoms are difficult to treat, and can slip from high functioning into disability.

Methods: In 2012, patient slipped and fell backwards, hitting her head, and developed neck pain and headache, that dramatically worsened in 2014, when she was rear-ended. She failed physical therapy, chiropractic manipulation, medication management, multiple trigger point injections (interscalene, SCM, trapezius and levator scapulae muscles), occipital nerve injections, and cervical median branch blocks. Patient underwent 4 sessions of fluoroscopically guided prolotherapy injections 2 weeks apart using a solution containing dextrose 20%, glycerin 10%, phenol 0.5%, and lidocaine 0.5%. Injected sites were bilateral AO, AA, C2-3, C3-4, C4-5, C5-6 facet joints, spinous processes from the occiput to C7, and sternocleidomastoid attachment on mastoid process.

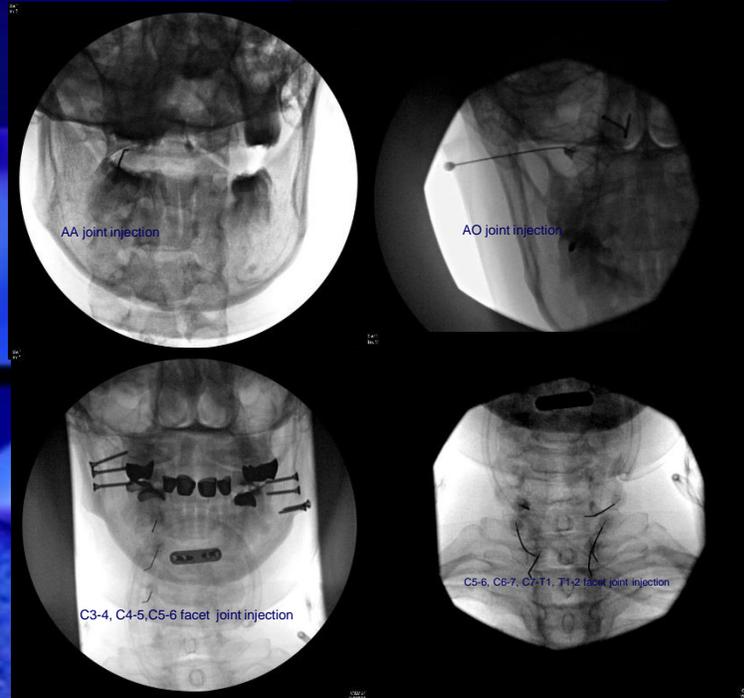


IMAGE 1: Prolotherapy injection targets

Outcome measures: PainTracker was used to monitor pain intensity, depression, sleep, and quality of life.

Results: Patient noted significant decreased pain intensity, improved sleep, and activity improvement after 3rd injection session and returned to work as a preschool teacher (image 2). Follow up period: 6 month

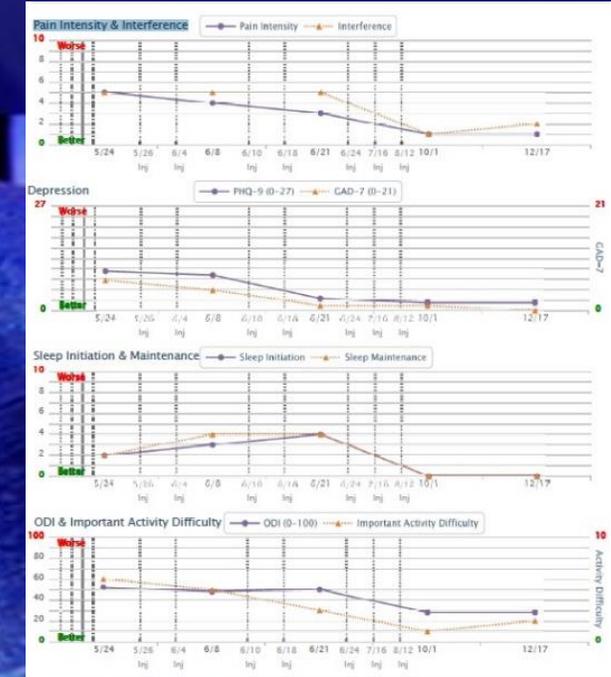


IMAGE 2: Pain tracker data shows improvement in pain intensity and interference, depression, sleep and ODI

Conclusions: Chronic flexion/extension injuries can be very challenging to treat. Although limited literature is available, prolotherapy might be a treatment option for this population. Monitoring tools such as PainTracker may help to objectively document treatment response. Further studies are required.