COOLED-RADIOFREQUENCY FOR FEMORAL AVASCULAR NECROSIS RELATED PAIN.

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Introduction

Cooled RF is a increasingly used technique for pain physicians for several pain syndromes. Cooled electrodes are capable of creating larger lesions than non-cooled needles because removing heat in a closed internal water loop.

Objetives

Systemic lupus erythematosus (SLE) is an inflammatory autoimmune disease, characterized by autoantibody production, impaired immune responses, and multiple organ involvements. Avascular Necrosis of Femoral Head is a common complication of SLE, with the reported prevalence of up to 40%. AVNFH may result in pathological fractures and severe hip pain with progressive collapse of the femoral head. Pain and severe dysfunction and disability due to a collapsed joint are frequent clinical signs. Hemiarthroplasty or total hip arthroplasty are shown as treatment of choice, and highest success option.

Materials & Methods

A 45-year-old female patient presents hip pain AVNHP-realted as a SLE complication. AVNHP was asymptomatic due to transverse myelitis secondary to SLE outbreak. Other complications of SLE were Deep Venous Thrombosis and ankle varus deformity. During ankle realignment surgery, AVNHP was diagnosed for femoral head brake. Pain not allowed orthotic march, increasing disability.

In first evaluation, patient refers VAS 8 although opioids and immobilization. Rehabilitation restart desire, and total hip replace contraindication, lead us to an early intervencional management. Cooled-RF was select as a right therapy.

Articular branches of the obturator, femoral, sciatic and the superior gluteal nerves were injured with cooled radiofrequency neurotomy (60°C/150”). Local anesthetic (lidocaine 1%) was applied before RF ablation.

Conclusions

Cooled-RF is shown as an effective interventional option for hip-joint denervation. Particularly in cases with no other therapeutic options.

Results

After a month, patient refers repose-pain relief (VAS 3), and VAS 5 during rehabilitation try. However rehab is currently not allowed until orthopedic strategy. Opioids have been withdrawn successfully due to significant relief after therapy.

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Referencies

1. Cohen SP, Hurley RW, Buckenmaier CC 3rd, Kurihara C, Morlando B, Dragovich A. Randomized, placebo- controlled study evaluating lateral branch radiofrequency denervation for sacroiliac joint pain. Anesthesiology. 2008;109:279-288.

2. Kao-Kao Zhu, et al. The Risk Factors of Avascular Necrosis in Patients with Systemic Lupus Erythematosus: a Metaanalysis. Inflammation. 2014; 37 (5).