COMPLEX REGIONAL PAIN SYNDROME IN A PREADOLESCENT

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INTRODUCTION

CRPS Type I is poorly distinguished in children, leading to a delay in diagnosis and establishment of proper management. The diagnosis by exclusion is needed. In adults Budapest criteria proposed by the International Association for Study of Pain (IASP) are used, but in children these criteria are not met in the same way, so there must be more expertise for the diagnosis. There are no complementary tests to confirm the disease but are requested to rule out differential diagnoses as traumatic injuries, osteomyelitis, rheumatoid arthritis, neuropathic lesions and tumors. Generally the radiograph is normal in the early stages, but in advanced stages can show demineralization. Another test could be needed as gammagraphy, doppler ultrasonography, electromyography and conduction velocities, blood count, erythrocyte sedimentation rate, rheumatoid factor, antinuclear antibodies, cytoplasmic, anticardiolipin and anti-DNA.

DESCRIPTION OF THE CASE

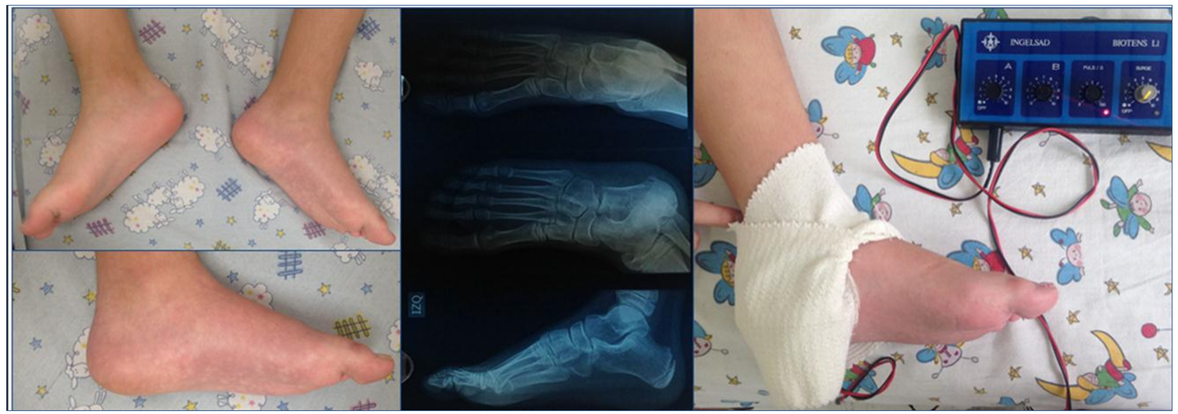
We report the case of 11 years old girl, with a clinical presentation of tarsalgia from a month of evolution that had persistent pain, changes in the coloration of the skin and changes in local sensitivity limiting for mobilization and performing their usual activities. Left lower limb posture in flexion and external rotation by pain. Heel with mild cyanosis, did not allow the evaluation of muscle force, hyperalgesia and allodynia by touching the heel.

Paraclinical normal blood count, acute phase reactants negative and normal urinalysis. X-rays were performed with normal results MRI with mild edema of soft tissues. With a possible diagnosis of tarsal osteochondrosis, treated with a walking cast, but with persistent pain. In this patient the signs and symptoms were compatible with complex regional pain syndrome (CRPS), meets current criteria for the diagnosis of this dieases. In children this disease is little known, with a low prevalence. And there are no management standards.

SUMMARY OF TREATMENT

In our hospital the treatment was performed with neuromodulators, local anesthetics, (Gabapentin 150 mg orally every 24 hours, 12.5 mg Amitriptyline VO at night and transdermal patches 5% lidocaine). Transcutaneous electrical nerve stimulation (TENS), intensive physical therapy, achieving partial regression of the presentation thought a week allowing hospital discharge and then an outpatient following.

Achieving a favorable evolution, with normal gait thought a month of discharge and complete remission of symptoms at three months. With this treatment, the patient regains its functionality, due to the disappearance of pain.



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