

High frequency spinal cord stimulation trial: percutaneous or tunnelled ? Case report

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Case Report

A 63 year old patient, affected by FBSS, 2009 left laminectomy L5/S1 for large lumbar disc ernia extending to the medial foraminal zone, had good post-operative pain relief for about three years. In 2014 he comes to our attention with a two year severe leg and back pain. On small doses of pregabalin, oxycodon/acetaminophen PRN with marginal benefit. After failed epiduroscopy, HF 10 kHz trial was planned, we placed one temporary percutaneous octopolar lead midline in anatomical position between T7/T9 (Fig.1). During the trial we found the spot T9 responder to 10 kHz stimulation. Patient reported >90% relief of pain after a two week trial, with NRS at 1-2/10 with movement. He stopped using the walking stick. After a two week trial we removed the leads. Two months later we placed two octopolar leads midline in anatomical position between T8/T11 (Fig.2). We could not find anymore the right spot responder to 10 kHz stimulation neither to the tonic paresthesia stimulation. In 2015 we removed one of the two leads and a trial was planned with one Infinion lead with distal tip at T6 (Fig.3). With PRISM® + 3D ILLUMINA® programming we obtained a good paresthesia coverage to both painful regions.

Results

Patient reported >70% pain relief after a two week trial, with NRS at 3/10 during activity.

Conclusions

HF trial is not indicated percutaneous especially in FBSS patients, because the spot is difficult to refind.

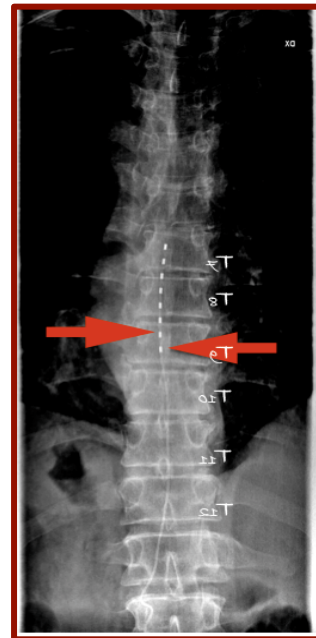


fig.1

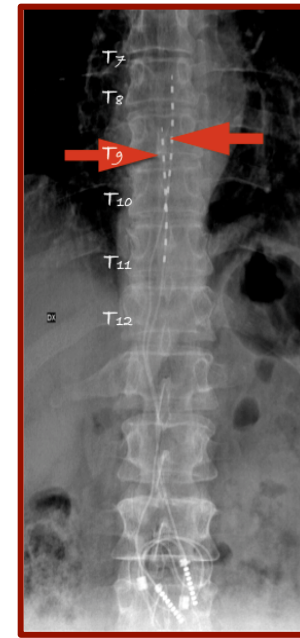


fig.2

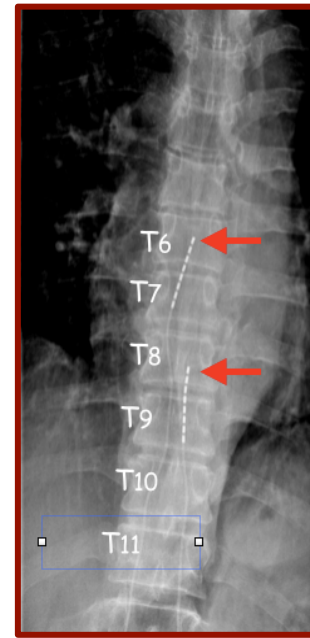


fig.3