

[2003 Fall A35] Efficacy evaluation of the lumbar sympathetic block on treatment of complex regional pain syndrome-retrospective study of 46 cases

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Introduction: Lumbar Sympathetic Blocks (LSB) are typically carried out to provide pain relief and improve blood flow to the lower extremities(1). The complex regional pain syndrome type I (CRPS-I) (reflex sympathetic dystrophy) to the lower extremities is the main indication to this block (2-3), which is an important method of diagnosis and, simultaneously, treatment of those highly disabling pathologies (1).

Aim of investigation: To evaluate the efficacy of LSB through the analysis of pain relief grade and physical incapacity improvement on patients submitted to this technique.

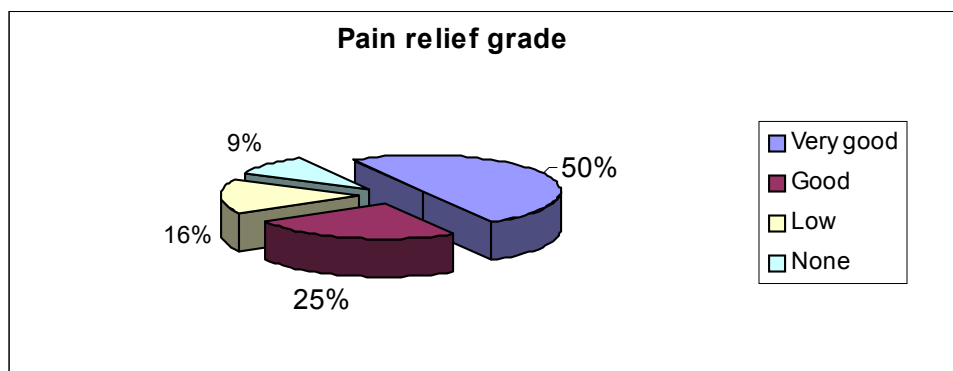
Methods: Retrospective study of 46 patients with CRPS submitted to LSB from 1993 to 2001 based on clinical records and interviews. Twelve patients were excluded (impossible contact). It was recorded demographic data, diagnosis, previous and post-blocks pain and incapacity grades and patients' satisfaction. Pain relief, based on the Descriptive Verbal Scale (DVS) and physical incapacity (WHO scale) were evaluated through the Wilcoxon test. Simultaneously, it was considered pain relief grade on "very good" (more than two steps decrease on DVS), "good" (two steps decrease), "low" (one step) and "none" (no relief).

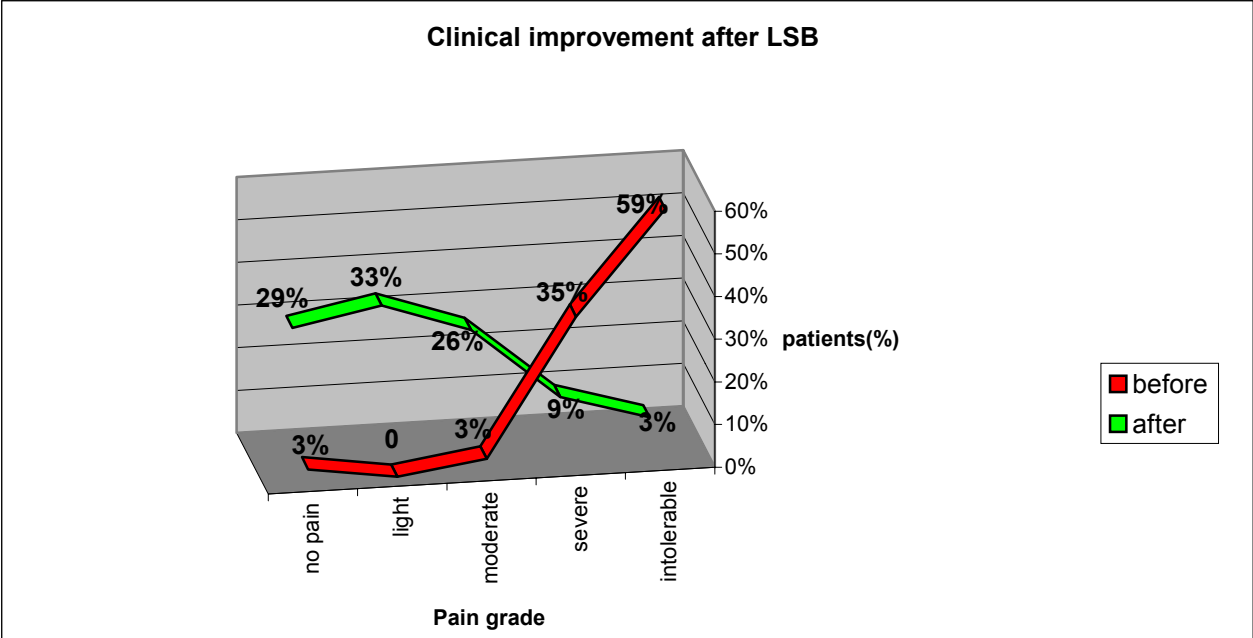
Results: Thirty-four patients were studied, of whom 23 had normal doppler ischaemic vascular disease (67%), 7(21%) algoneurodystrophy, 2(6%) motor-sensitive polineuropathy and 2(6%) post-surgical sympathetic alterations. The patients clinical improvement had a high significance relatively to physical incapacity – $p < 0,0001$ ($p = 0,000004$; $z = 4,616$) and pain relief – $p < 0,0001$ ($p = 0,000002$; $z = 4,782$). Satisfaction grade was high for 21 patients (61%), medium for 8(24%) and low for 5(15%), being proportional to the pain relief ($p < 0,001$).

Conclusions: In this study, the treatment of CRPS through LSB had an important success outcome relatively to pain relief and physical incapacity improvement, proportional to the patients' satisfaction grade, allowing the authors to consider the LSB as an important treatment in selected patients for whom conventional therapy was contraindicated or not well succeeded.

References:

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