

1916

1915-1917

Guillain-Barré syndrome is named after the French neurologists Georges Guillain and Jean Alexandre Barré, who described it with André Strohl in 1916.

The term **causalgia** (Greek: *kausis* – **burning**, *algos* – **pain**) was introduced by **Silas Weir Mitchell** in 1864. It was used to describe a rare **syndrome** that followed a minority of partial **peripheral nerve injury** in the American civil war. Triad: **burning pain, autonomic dysfunction** and trophic changes.

For **causalgia**, see **Complex regional pain syndrome (CRPS)**:

CRPS Type II (AKA major causalgia) follows **nerve injury** (originally described after high velocity missile injuries). CRPS Type I (AKA **reflex sympathetic dystrophy** or causalgia minor) denoted less severe forms, and has been described after non-penetrating trauma ¹⁾.

Shoulder-hand syndrome and Sudeck's atrophy are other variant designations. In 1916, the **autonomic nervous system** was implicated by René Leriche, and the term **reflex sympathetic dystrophy** (RSD) later came into use ²⁾ (but RSD may be distinct from causalgia) ³⁾.

¹⁾
Sternschein MJ, Myers SJ, Frewin DB, et al. Causalgia. Arch Phys Med Rehabil. 1975; 56:58-63

²⁾
Schott GD. An Unsympathetic View of Pain. Lancet. 1995; 345:634-636

³⁾
Ochoa JL, Verdugo RJ. Reflex Sympathetic Dystrophy: A Common Clinical Avenue for Somatoform Expression. Neurol Clin. 1995; 13:351-363

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