Central post stroke pain

16 Central post stroke pain (CPSP) patients were analyzed at the Department of Functional Neurosurgery, Xuanwu Hospital, Capital Medical University, Beijing Institute of Functional Neurosurgery, China. and Department of Neurosurgery, Shenzhen University General Hospital, Shenzhen University, Shenzhen, China.. The pain intensity was assessed using a visual analog scale (VAS) before surgery and at the last follow-up. The Neuropathic Pain Symptom Inventory (NPSI) was used to assess pain intensity, analyze outcome predictors, and indicate potential mechanisms of MCS.

The mean VAS score before surgery (8.0 ± 0.7) was significantly higher than that of the last follow-up (5.3 ± 2.4, $p < 0.001$). Similarly, the mean total NPSI score before MCS (30.6 ± 12.2) was significantly reduced at the last follow-up (25.2 ± 15.1, $p = 0.01$). An analysis of the NPSI subscores revealed a significant association between burning pain relief and effective results ($p = 0.041$, Fisher's exact test).

Burning pain relief might predict long-term results for the therapeutic use of MCS in CPSP. The substantia gelatinosa may play an important role in the modulation of pain relief mediated by MCS [1].

1)
Zhang X, Zhu H, Tao W, Li Y, Hu Y. Motor Cortex Stimulation Therapy for Relief of Central Post-Stroke Pain: A Retrospective Study with Neuropathic Pain Symptom Inventory. Stereotact Funct Neurosurg. 2018 Aug 20:1-5. doi: 10.1159/000492056. [Epub ahead of print] PubMed PMID: 30125888.

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