Complex regional pain syndrome treatment

In the absence of delineated pathophysiology, treatment is judged purely by the subjective impression of improvement. CRPS treatment studies have had an unusually high placebo response rate.

Medical therapy is usually ineffective. Proposed treatments include:

1. Tricyclic antidepressant

2. 18–25% have satisfactory long-lasting relief after a series of sympathetic blocks, see Stellate ganglion block and Lumbar sympathetic block, although one report found no long-lasting benefit in any of 30 patients [1)]

3. intravenous regional sympathetic block, particularly for UE CRPS: agents used include guanethidine 20 mg, reserpine, bretylium..., injected IV with an arterial tourniquet (sphygmomanometer cuff) inflated for 10 min. If no relief, repeat in 3–4 wks. No better than placebo in several trials

4. surgical sympathectomy some purport that this relieves pain in > 90% of patients (with a few retaining some tenderness or hyperpathia). Others opine that there is no rational reason to consider sympathectomy since sympathetic blocks have been shown to be no more effective than a placebo

5. Spinal cord stimulation has been proven highly effective in the treatment of Complex Regional Pain Syndrome (CRPS). The definitive implantation of a neurostimulator is usually preceded by a therapeutic test (trial), which has the purpose of identifying whether the patient would respond positively to neuromodulation or not.

Spinal cord stimulation for complex regional pain syndrome treatment

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1)

Dotson R, Ochoa JL, Cline M, et al. A Reassessment Dystrophy: A Common Clinical Avenue for of Sympathetic Blocks as Long Term Therapeutic Modality for “RSD”. Pain. 1990; 5