Refractory Neuropathic Pain

Chronic neuropathic pain has been recognized as contributing to a significant proportion of chronic pain globally. Among these, spinal pain is of significance with failed back surgery syndrome (FBSS), generating considerable expense for the health care systems with increasing prevalence and health impact.

Treatment

see Chronic neuropathic pain treatment.

Case series

Thirty-four patients with refractory chronic neuropathic pain were treated with spinal cord stimulation systems providing multiwave therapy between September 2018 and October 2019. Patients with a follow-up of at least 6 months were selected; 10 subjects were excluded due to revision surgery, infection, and loss to follow-up. Data regarding pain intensity and preferred waveform for the trial, the implantation, 3-month and 6-month follow-up were recorded.

During the trial phase, 10 patients (43.5%) achieved significant pain relief using tonic stimulation, 5 using burst stimulation (21.7%), 3 using microburst (13.0%), and 4 using a combination of tonic and microburst (17.4%). One single patient preferred Contour stimulation during the trial. After 3 months, 6 patients preferred microburst (25%), 6 preferred tonic (25%), 5 used a combination of tonic and microburst (20.8%), and 5 patients used burst (20.8%). After 6 months, similar results were obtained. Contour and Whisper were used in complex cases failing to other waveforms.

Tonic stimulation, isolated or in combination, remains an important component in spinal cord stimulation, being used by almost half of the patients. Over time, the usage of microburst increased considerably. Whisper and Contour, although battery-consuming, are good salvage options in complex cases ¹⁾.

1)

S PG, S G, J SP, J V. Combination of waveforms in modern spinal cord stimulation. Acta Neurochir (Wien). 2022 Jan 5. doi: 10.1007/s00701-021-05107-4. Epub ahead of print. PMID: 34988708.

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