

10-kHz High-Frequency Spinal Cord Stimulator for Multiple Sclerosis Neuropathic Pain



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Introduction

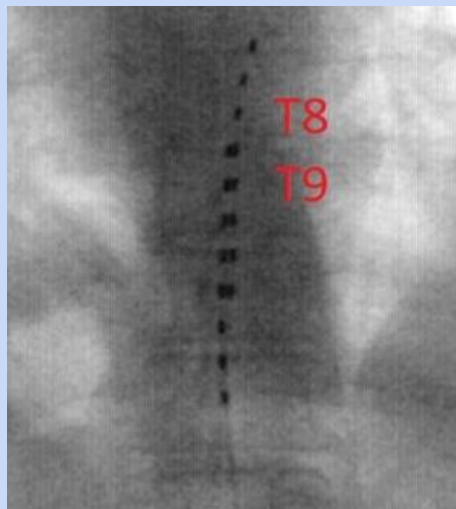
- Multiple sclerosis (MS) is a demyelinating autoimmune disease with motor disorders, urinary dysfunction, and neuropathic pain.
- Common symptoms: motor disorders, urinary dysfunction, and neuropathic pain.
- Spinal cord stimulation (SCS) for MS comorbidities has been burgeoning.
- A 10-kHz high-frequency SCS can provide a more personalized, tailored approach for MS neuropathic pain.

Materials and Methods

- 10-kHz high-frequency SCS leads placed along T8-T11.

Key Takeaways

10-kHz high-frequency SCS can provide a more personalized, tailored approach for MS neuropathic pain.



The Case

- 68-year-old female presents with a 38-year history of MS and bilateral lower extremity neuropathic pain.
- Originally managed by neurology on various conservative management. Pregabalin, amitriptyline, and nortriptyline were also trialed with no benefits.
- Referred to pain management after morphine was titrated up to 15mg TID and fentanyl patch up to 25mcg daily, for a total of 105 morphine milligram equivalents (MME).
- With multiple failed regimens, the patient agreed to trial the SCS, with an 85% pain reduction and subsequent 10-kHz high-frequency SCS implant.
- At 3 month follow up, chronic pain decreased by 65%. She was weaned off fentanyl patch and transitioned to as-needed morphine 15mg q6hrs, for a total of 60 MME (40% wean of opioid use).

References

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