

COMPLEX REGIONAL PAIN SYNDROME S/P CVA IN POLY-SUBSTANCE ABUSE PATIENT

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Case Presentation

A 64-year-old female with a history of cocaine abuse, HFrEF, CAD, Cardiac Thrombus on Warfarin, and COPD presented with left-sided weakness and facial droop. Admission testing was significant for cocaine and cannabinoids and further imaging revealed right MCA territory infarct. The patient was within the tPA therapeutic window received medication and transferred to ICU for further close monitoring. The patient's mental status improved and hemodynamically stabilized and transferred to acute inpatient rehabilitation for further care. Patient with a significant loss in motor and sensation to light touch and pain in left upper extremity and left lower extremity. Over the next few weeks patient with minimal motor return, but extensively started to complain of shooting-like pain in the left upper extremity. In the setting of poly-substance abuse, pain control becomes difficult.

References

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5161714/>
2. <https://www.cureus.com/articles/8248-impact-of-cocaine-use-on-acute-ischemic-stroke-patients-insights-from-nationwide-inpatient-sample-in-the-united-states#!/>
3. <https://karger.com/ced/article/39/3-4/190/77633/Post-Stroke-Pain-Identification-Assessment-and>

Discussion

Complex Post-Stroke Pain Syndrome (CPSP), also referred to as central post-stroke pain syndrome (CPSP), is a type of CRPS that occurs after a stroke. It is a neurological complication that can develop in stroke survivors and is characterized by severe, persistent pain in the affected body part, usually the arm, leg, or face, on the side of the body affected by the stroke. This pain is often described as burning, shooting, or stabbing, and it can significantly impact the individual's quality of life.

Cocaine abuse can complicate the presentation and management of complex post-stroke pain syndrome. Cocaine is a powerful stimulant that affects the central nervous system and can have profound effects on pain perception and processing. Cocaine abuse can lead to changes in the brain's pain pathways, making the experience of pain more intense and difficult to manage. The treatment of complex post-stroke pain syndrome in individuals with a history of cocaine abuse requires a multidisciplinary approach. This may involve a combination of pain management techniques, physical therapy, psychological counseling, and addiction treatment.

Conclusion

The patient was started on Gabapentin 100mg nightly and reported minimal relief in symptoms with continued shooting pain onset without triggers and further debilitating. The patient's gabapentin dose was increased to 300mg nightly and started on Fluoxetine further pain control improved and the patient with improved sensation in the left upper and left lower extremities.

