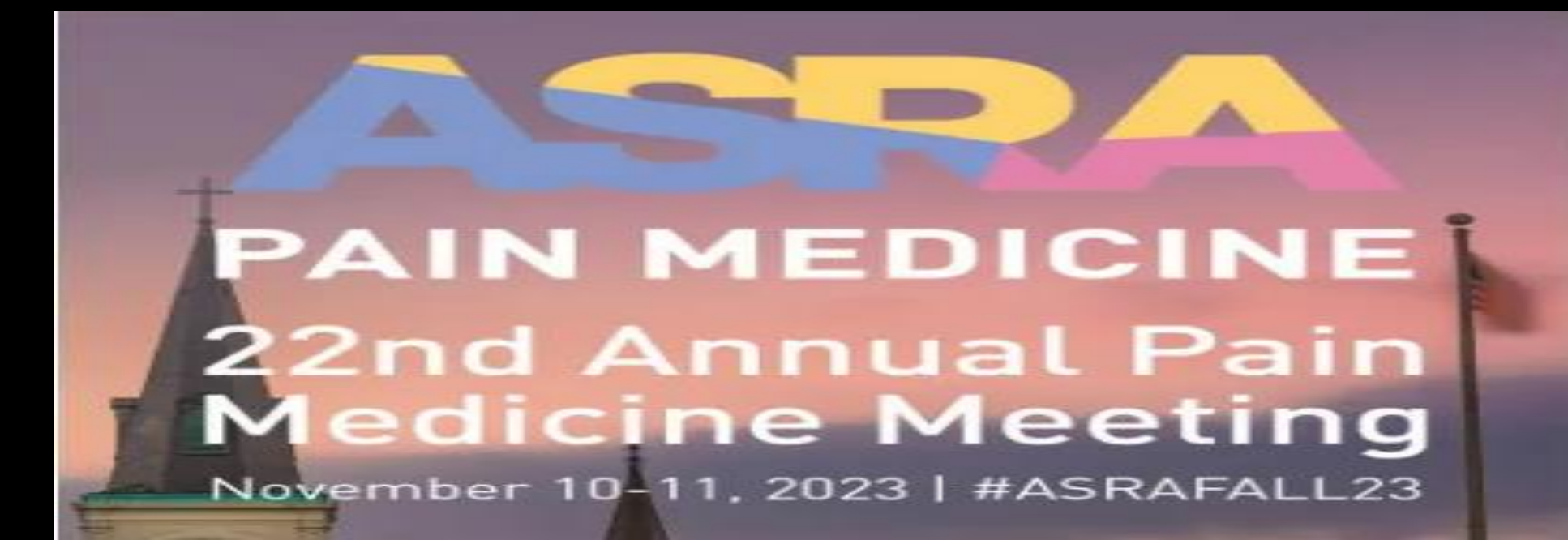


Peripheral Nerve Stimulation in a Case of Cardiac Comorbidity

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INTRODUCTION

This is a medically challenging case report of a 65 year old male with past medical history significant for uncontrolled type II diabetes mellitus atrial flutter status post pacemaker implantation, PCI x3 on lifelong anticoagulation who presented with complaint of bilateral upper and lower extremity sever peripheral neuropathy. Unfortunately, given patient’s complex cardiac history and the imperative need for anticoagulation, his cardiologist did not recommend holding anticoagulation for spinal cord stimulation trial. Through the formation of a personalized plan of care with the main goal focused on improving his quality of life the decision was made to explore peripheral nerve stimulation in the hope of managing his debilitating peripheral neuropathy.

CASE SUMMARY

- Patient failed conservative treatment through the use of multiple neuromodulating pharmaceuticals.
- Not a candidate for SCS, given life long anticoagulation secondary to CAD.
- PNS trial targeting the median and radial nerve distribution revealed 70% pain relief in the upper extremity neuropathic pain; Post implantation pain relief 100%.
- No complications noted post trial or post implant reported by the patient.

DISCUSSION

Peripheral nerve stimulation can be used to treat chronic, peripheral neuropathy in patients who have failed conservative treatment and are not optimal candidates for spinal cord stimulation.

SCS continues to be most popular treatment modality for peripheral neuropathy, however multiple retrospective and prospective studies have revealed direct improvement in pain scores when PNS is used for peripheral neuropathy.

PNS can be a great solution for chronic pain treatment of patients with CRPS, Phantom limb pain, traumatic neuropathy who cannot undergo SCS implantation.

Ongoing research and development is warranted to examine in greater detail PNS longitudinal outcomes, side-effects and extended usage for the treatment of chronic pain.

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