

23rd Annual Pain Medicine Meeting

November 21-23, 2024 | #ASRAFALL24



Title: Partial Response to Cervical Radiofrequency Ablation in Veteran With Severe Cervical Diffuse Idiopathic Skeletal Hyperostosis (DISH)

Presenter: Trevor Champagne, MD

Background

- DISH is a condition characterized by enthesopathy of the spine and infrequently the extremities from abnormal osteoblastic activity at the enthesis
- Pathophysiology results in pain and decreased range of motion
- Common treatments includes physical therapy, medications, lifestyle modification.

Methods

- Our case report is without identifiable patient information; therefore, it is exempt from local Institutional Review Board review. Informed consent was obtained prior to abstract submission.

Case Description

- 62-year-old veteran with chronic bilateral axial neck pain without radiation
- Physical exam revealed severely limited cervical ROM
- Cervical X-rays were notable [Fig 1.] for marked anterior DISH in the lower C-spine through T2. MRI C-spine revealed bridging anterior osteophytes at C2-T1 and right C3-C4 uncovertebral spurring compatible with DISH.
- Treatment: Refractory to medications and trigger point injections
- Right C3-C5 MBB followed by right C3-C5 RFA (Fig.2) of the medial branches was performed. The right-sided RFA produced a >50% reduction in pain relief for 11 months. Follow-up left-sided RFA C3-C5 and C7-T1 epidural steroid injections were not helpful.



(Fig. 1)

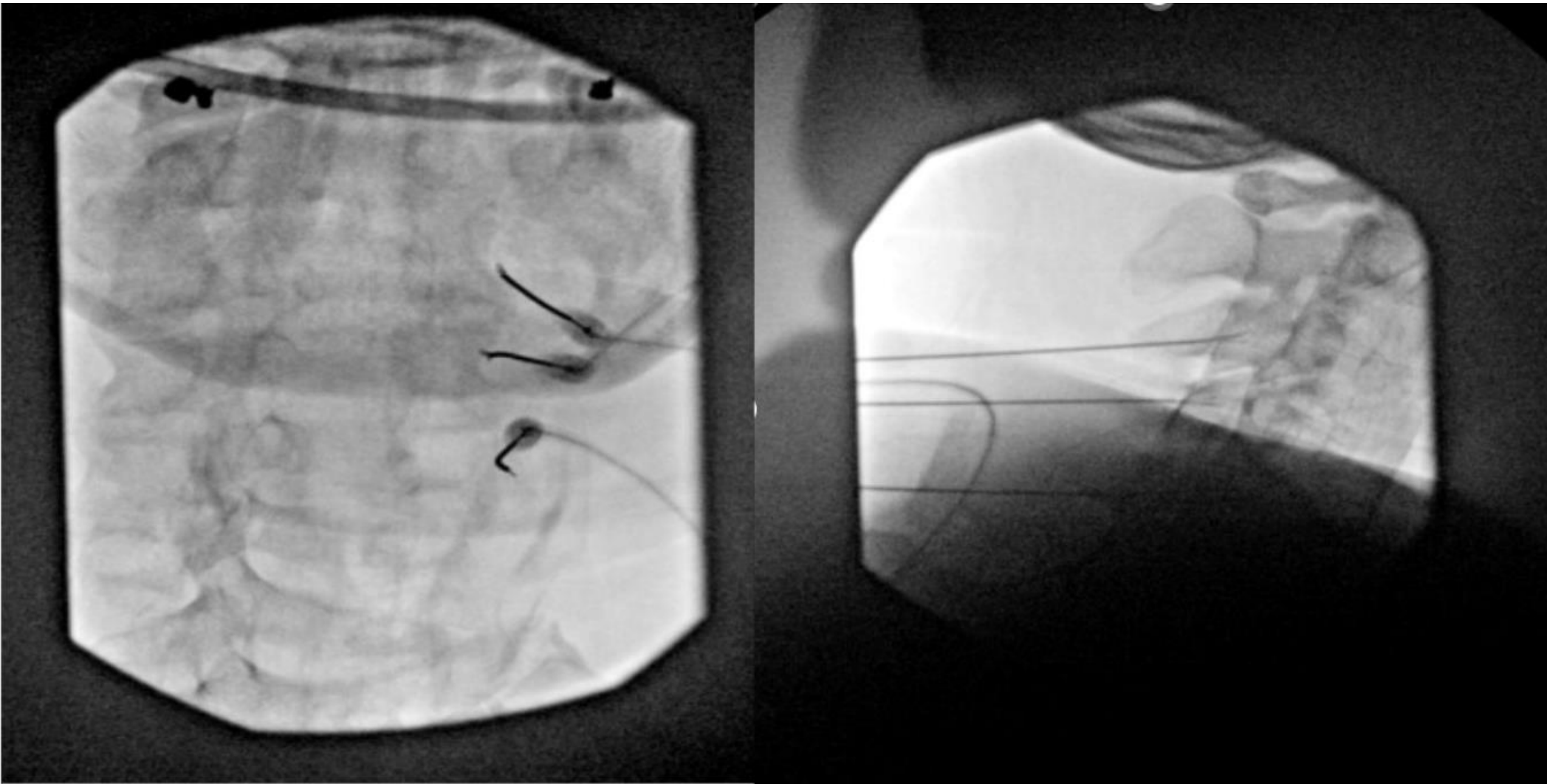


Scan for full abstract

Cervical RFA may still be useful across non-surgically fused cervical segments for predominantly axial neck pain.

Discussion

- Naturally occurring fusion of the spine secondary to DISH has been thought to increase the stabilization and reduce the potential for joint related painful conditions of the spine
- An argument could be made that axial neck pain associated with DISH would be less likely to improve with interventional procedures targeting joints of the cervical spine.
- Although it is well established that RFA is contraindicated following surgical fusion, its utility in the setting of spontaneous osseous fusion is not obvious.
- In our case, the patient received bilateral RFA’s after successful bilateral cervical MBBs. The right-sided RFA provided clinically meaningful pain relief, however the left-sided RFA did not.



(Fig. 2)

Authors: Trevor Champagne MD, Justin Choi MD



U.S. Department of Veterans Affairs