

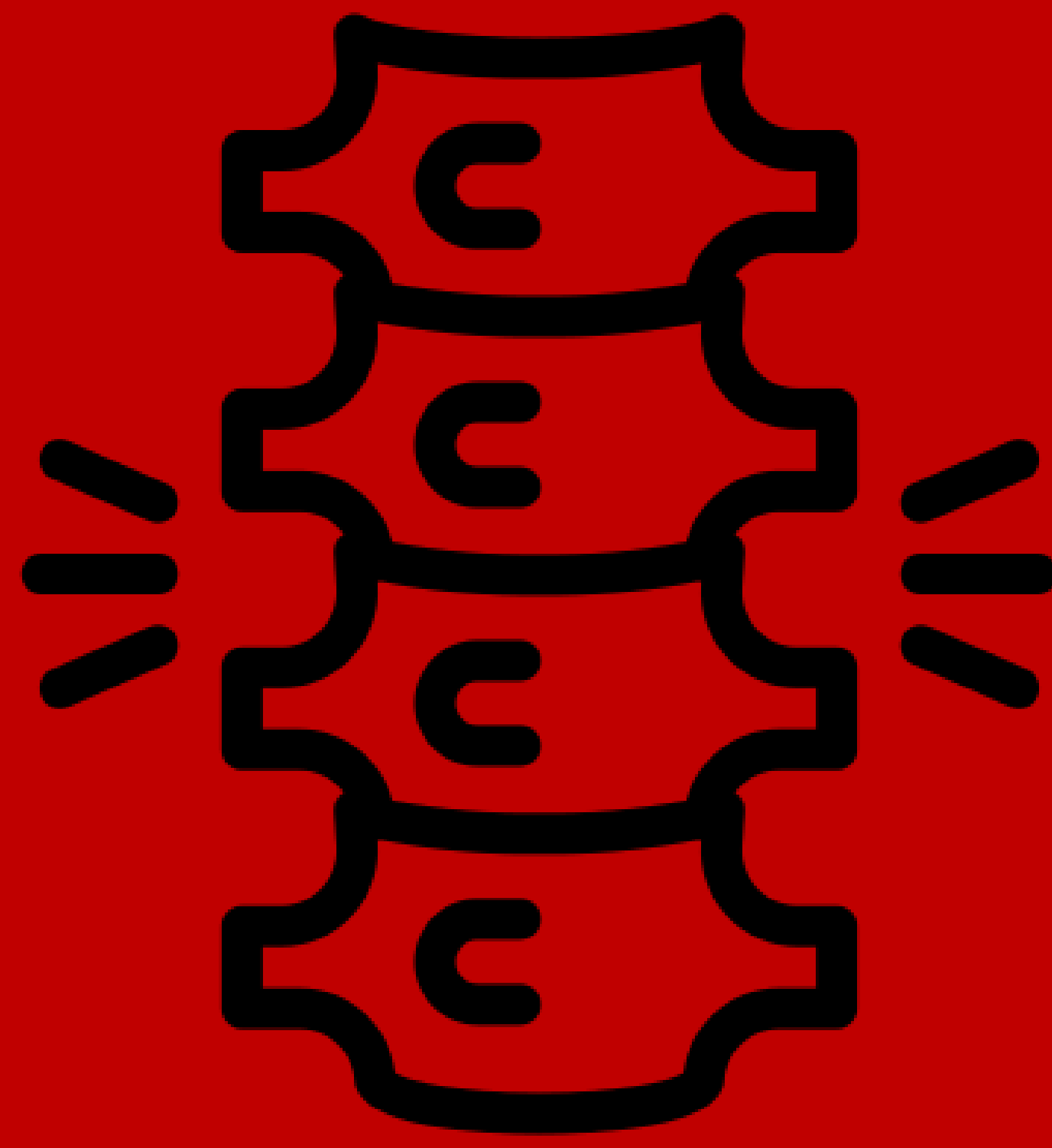
Uncharted Territory: Evaluating High Cervical Closed-Loop Spinal Cord Stimulation for Chronic Multisite, Non-contiguous Pain

INTRODUCTION

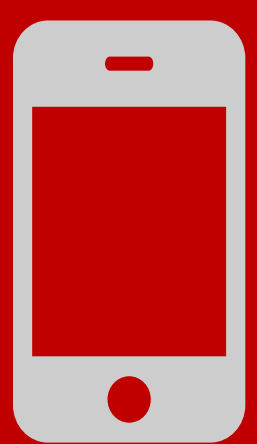
- Cervical spinal cord stimulation (SCS) has been used to treat cervical axial and upper-limb pain, or four-limb pain, but less evidence exists for treatment of multisite of both axial and four limb appendicular pain.
- The increased mobility of the cervical region may contribute to suboptimal stimulation.
- ECAP controlled closed-loop SCS has demonstrated adaptive, durable therapeutic pain relief

CASE REPORT/RESULTS

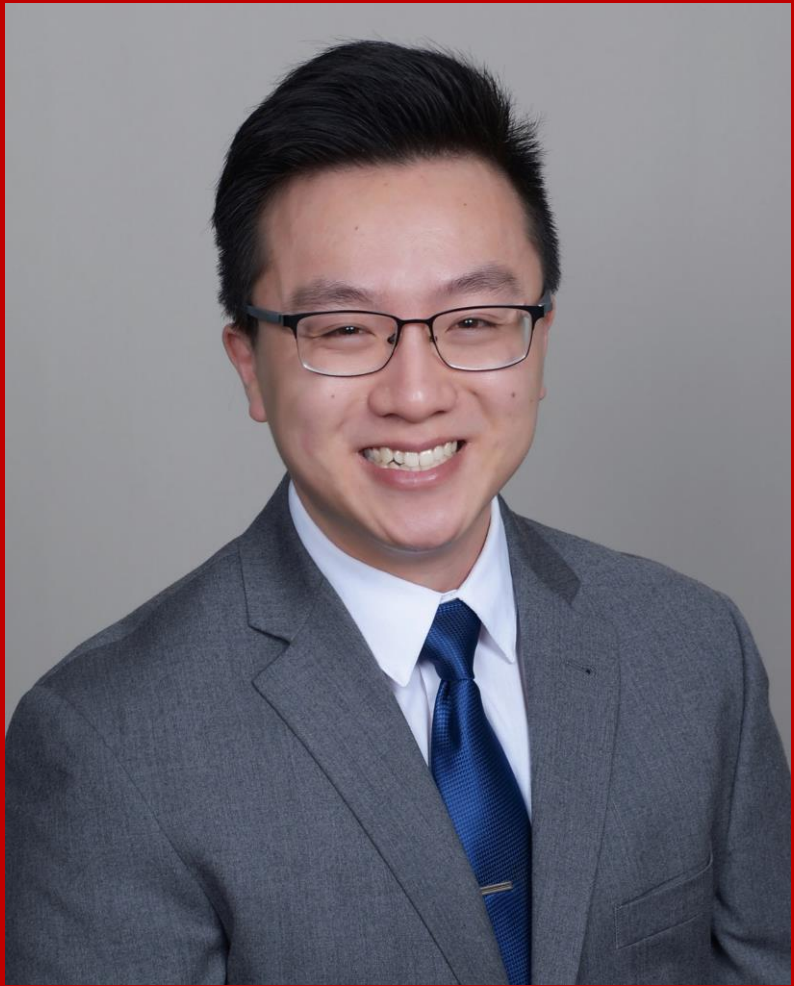
- 55-year-old female with active CRPS of left distal leg and prior coccyx fractures presents with debilitating axial cervical, lumbar, coccyx and appendicular bilateral upper extremity neuralgia and bilateral lower extremity proximal hip pain and distal leg and feet allodynia.
- Naltrexone and gabapentin provides mild pain relief, and she failed other systemic therapies. Diminished effect with lumbar sympathetic blocks.
- Following successful trial, a permanent closed-loop SCS was placed with bilateral 12-contact electrode leads with tips advanced to C2.
- 100% pain relief at 48 hours, 2 weeks, 6 weeks, and 3 months follow-up, with cessation of all oral pain medications.



High cervical placement of ECAP-controlled closed-loop SCS provides an effective and durable treatment for axial and four-limb pain.



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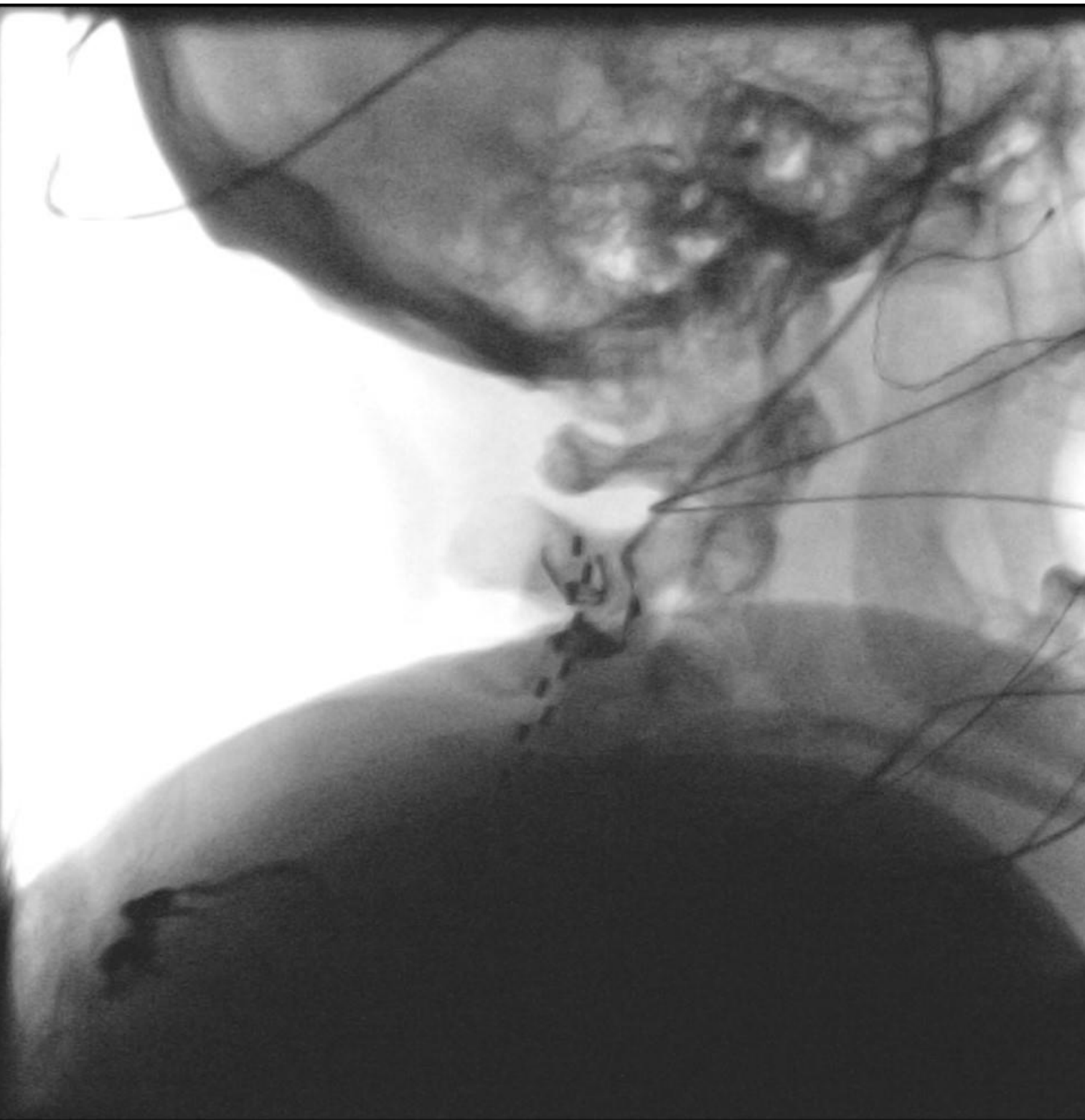


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DISCUSSION/CONCLUSION

- High cervical closed-loop SCS captures multiple non-contiguous painful regions while providing adaptive, consistent stimulation, leading to improvements in both mobility and function.
- The combination of high cervical lead placement and ECAP-controlled SCS therapy eliminates the need for additional lead placements, ensuring comprehensive coverage of remaining pain areas and providing optimal stimulation for a consistent therapeutic effect.
- While further rigorous studies are warranted, this case provides real-world evidence of a single modality to manage multisite, multifactorial pain effectively.



SUBJECTIVE PATIENT-REPORTED INSIGHTS

