

Neuroma Management in a Patient with PNS for Phantom Limb Pain Post-Amputation

- Shreya N. Patel, DO (Presenting Author)
- Amit Sharma, MD
- Trent Emerick, MD

INTRODUCTION

- CRPS and Neuromas can develop after limb trauma or surgeries like BKAs, leading to chronic pain and complications with recovery and prosthetic use.
- Neuromas, or abnormal nerve growths at the amputation site, can significantly worsen residual limb pain and complicate prosthetic use, requiring targeted intervention.
- Comprehensive management of CRPS and neuroma-related pain, including medications, peripheral nerve stimulators, and nerve blocks, is crucial for improving patient outcomes and quality of life.

METHODS

- Patient: 63-year-old male with CRPS and phantom limb pain post-BKA experienced persistent residual limb pain due to a sciatic neuroma, managed with a nerve block and multimodal pain strategies
- The peripheral nerve stimulator (PNS) used in this case was the Curonix device, targeting sciatic nerve-related pain
- Ultrasonography identified a sciatic neuroma at the residual limb, followed by a nerve block using lidocaine and dexamethasone

RESULTS

- PNS provided significant relief for the patient’s phantom limb pain but did not alleviate residual limb pain
- The ultrasound-guided nerve block resulted in 80% pain relief, which lasted for about one week, allowing the patient to more comfortably wear a prosthetic limb.
- Future treatment involves radiofrequency ablation (RFA) of the neuroma to achieve long-term pain relief.

Comprehensive multimodal pain approach to managing CRPS and neuroma pain in post-amputation patients provides lasting relief and improves prosthetic use.



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