

Peripheral nerve stimulation for management of refractory intercostal neuralgia: A case report

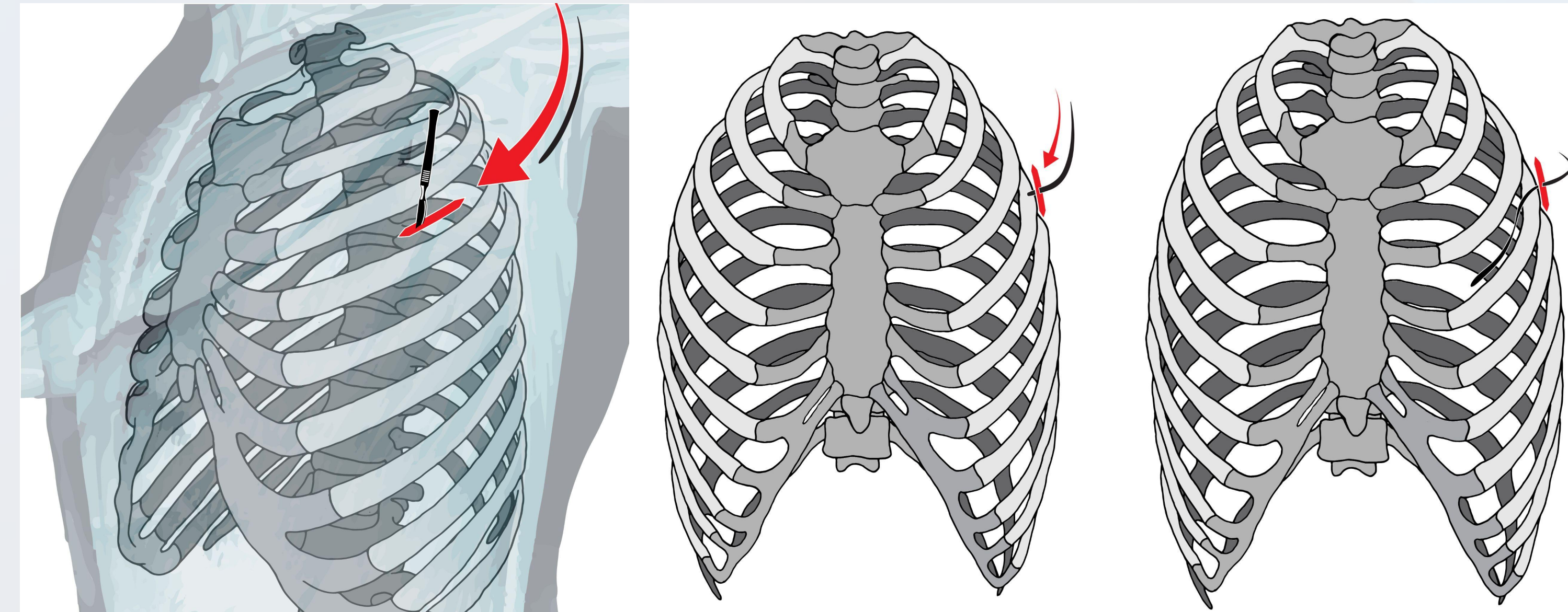
Background:

- Intercostal neuralgia is characterized by neuropathic pain along distribution of intercostal nerve. It can manifest along ribs, chest or abdomen
- Treatment mainstays:
 - Gabapentinoids, SNRIs, TCAs, Opioids
 - Ultrasound or fluoroscopic guided nerve blocks
- Current therapies are limited in efficacy/duration of effect

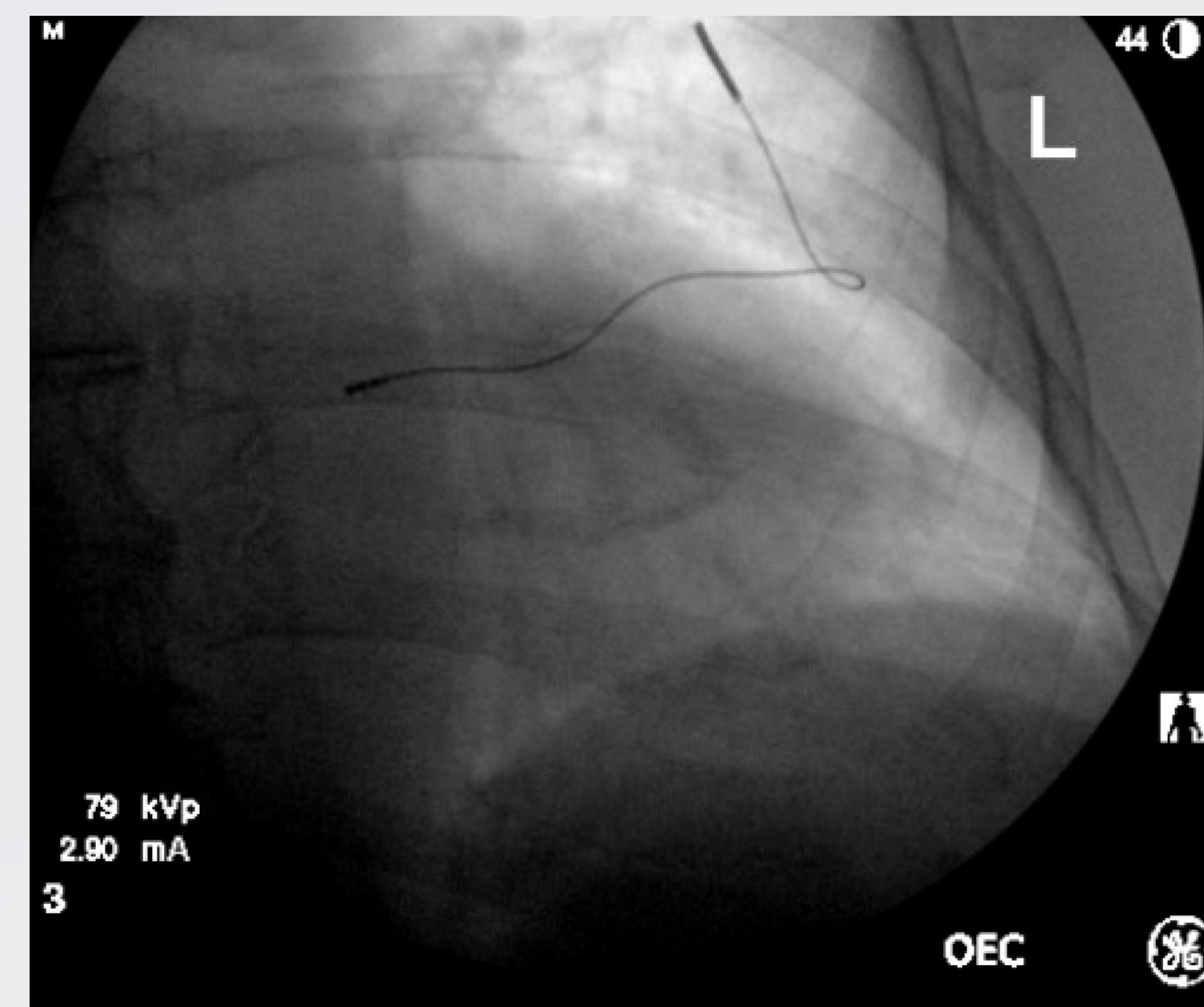
Case:

- 75 y.o. Male with 10 year history of anterior chest pain worsening over the last year
- Sharp, burning pain along the 3rd and 4th intercostal space.
- No obvious mechanical cause on imaging studies
- Failed conservative management including mainstay treatments above
- Short but profound relief with anterior intercostal nerve blocks and costochondral steroid injections
- Anterior chest wall peripheral nerve stimulation offered as treatment given response to intercostal nerve block

Op Note:



- Appropriate anatomy located sonographically
- Incision was made anteriorly between the 3rd and 4th intercostal space and guide wire was tunnelled below pec major
- PNS deployed after test stimulation and elicited left anterior chest wall paresthesias



Outcome:

- Patient reports 50% pain relief on POD 1
- 50% relief sustained at 2 week follow up visit
- Continues to report sustained benefit at 2 year follow up visit with no complications

Discussion

- Refractory intercostal neuralgia can be debilitating and difficult to treat
- After failure of conservative management, peripheral nerve stimulate may be a safe and viable option for analgesia in these patients
- PNS placement for refractory intercostal neuralgia warrants further investigation to elucidate overall safety and efficacy

References

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