

ULTRASOUND GUIDED PAIN INTERVENTIONS FOR MANAGEMENT OF MEDICALLY CHALLENGED NEUROPATHIC PAIN- A CASE SERIES

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Introduction

- ✓ In certain neuropathic pain conditions, posing diagnostic and management challenges,
- ✓ ultrasound-guided peripheral nerve blocks play a valuable role in improving precision, safety and clinical outcomes, as well as they are helpful in titrating pain medications and opioid overuse.
- ✓ This challenging case series emphasises our experience in management of certain neuropathic pain conditions through ultrasound-guided peripheral nerve blocks; highlighting the role of USG peripheral nerve blocks as a rescuer in refractory challenging chronic pain cases.

Material and Methods

- ✓ As the case report is devoid of patient identifiable information, it is exempt from IRB review of PGIMER Chandigarh.
- ✓ Case 1-Small Fibre sensory neuropathy: 16 year old male, with pain, paraesthesia and severe allodynia for past 2 years on the distal half of both soles. USG guided tibial nerve block with 0.25% bupivacaine and 40 mg depomedrol on each side.
- ✓ Case 2- 38 year old female with Peroneal neuralgia following fracture left distal tibia and fibula and intramedullary nailing of 3 years back. USG Guided superficial peroneal block with 0.25% Bupivacaine and 60mg of methyl prednisolone
- ✓ Case 3- 50 year old male with isolated Peroneal neuralgia following superficial peroneal neurectomy post disectomy, superficial peroneal nerve block given with 5ml of 0.5% Bupivacaine and 60mg of methyl prednisolone
- ✓ Case 4-Ulnar Neuralgia following Upper limb CRPS post stellate Ganglion intervention. Ulnar nerve block with 0.2% Ropivacaine and 80mg of methyl prednisolone

Results/Case Report

- ✓ Case 1:
- ✓ Patient reported 90% and 100% symptom relief on right and left side respectively immediately after the posterior tibial MIPS. Presently at 12
- ✓ months of follow up, NRS for pain is 1/10, patient is able to walk without support and sleeps for 8-10 hours without interruptions.
- ✓ Case 2: Post procedure, at 2 years, she had 99% pain relief. NRS reduced to 3/10 at fractured nailing site. Now patient could easily flex left knee
- ✓ that she was unable to perform due to nerve pain. She had relief from heaviness that was felt while walking.
- ✓ Case 3: Diagnostic block provided good pain relief and improved his gait. Thereafter we performed pulsed radiofrequency ablation of the same.
- ✓ Now at 1 year the patient NRS of 2/10 from baseline score of 10/10.
- ✓ Case 4: Following ulnar nerve block, at 1.5 Years, patient had complete pain relief with NRS decreasing from 9 to 3 out of 10.

Conclusion

This case series highlights the role of ultrasound guided peripheral nerve blocks as a rescuer in certain challenging chronic pain cases. In all these cases, a variety of neuropathic pain medications were tried, definitive pain interventional procedures were also practiced. However when they did not provide adequate pain relief or in cases of residual pain after the main procedure, ultrasound guided peripheral nerve blocks played a huge role in such refractory challenging chronic pain conditions.

References

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