

Case Report: Successful use of Intercostal Nerve Radiofrequency Ablation in a Patient with Slipping Rib Syndrome ASRA Fall 2025

Greta Niemela, MD; Tiffany Lin, MD | November 2025



Introduction:

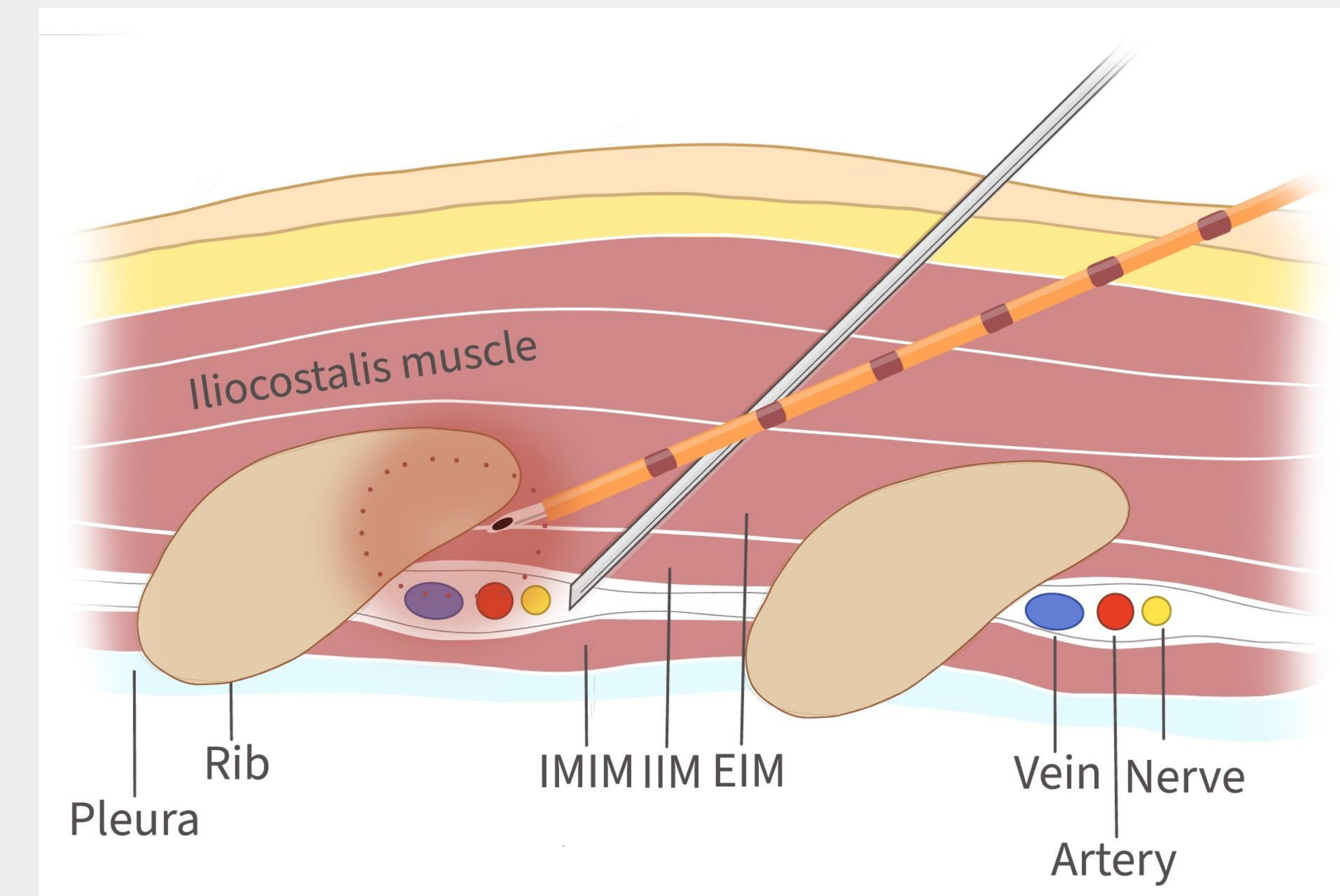
- Slipping rib syndrome (SRS) is an underdiagnosed condition causing chronic debilitating thoracic wall pain due to hypermobility of costal cartilage and irritation of intercostal nerves
- Conservative management includes analgesics and intercostal nerve blocks
- When conservative management fails, surgical rib fixation is considered

Case Description:

- 25-year-old woman with hypermobile Ehlers Danlos Syndrome and SRS who developed recurrent rib fractures and chronic chest wall pain
- Limited relief with conservative treatment, scheduled for bilateral rib fixation
- Underwent bilateral T7–T10 RFA preoperatively, which resulted in complete pain resolution and opioid tapering
- Patient remained pain-free postoperatively

Discussion:

- This case demonstrates first reported successful use of intercostal nerve RFA resulting in significant and durable pain relief for SRS
- RFA provided meaningful preoperative symptom control, enabled opioid tapering



Conclusion:

- Intercostal RFA may serve as an effective, durable, and less invasive treatment for SRS-related pain
- Useful to consider in patients with connective tissue disorders like hypermobile EDS who are at increased surgical risk
- Further studies are warranted to assess the long-term efficacy of RFA as a standalone treatment for SRS

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