Suzetrigine, a Selective Nav1.8 Inhibitor for Corticosteroid-Refractory Post-Radiofrequency Ablation Neuritis

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CLINICAL TAKEAWAY

In a patient with severe corticosteroid-refractory post-RFA neuritis, symptoms improved during two 7-day courses of Suzetrigine and recurred after discontinuation.

BACKGROUND

Cervical medial branch RFA treats facet-mediated neck pain but can cause post-RFA neuritis.

Treatment is largely empirical; corticosteroids and neuropathic pain medications are commonly used.

Suzetrigine selectively inhibits Nav1.8 sodium channels expressed on peripheral nociceptors.

This case describes its use for corticosteroid-refractory post-RFA neuritis.

CASE / METHODS

Young woman with fibromyalgia, chronic migraine, and prior cervical trauma developed cervicogenic headache and chronic right-sided neck pain.

Dual diagnostic right third occipital nerve and C3/C4 medial branch blocks produced >80% temporary analgesic relief, followed by RFA of the targeted nerves.

Despite prophylactic dexamethasone, severe post-RFA neuritis developed with allodynia, worsening neck/head pain, and migraine exacerbation.

Patient informed consent was obtained. The report contained no patient-identifiable information and was exempt from IRB review per Emory University policy.

CLINICAL COURSE

Diagnostic blocks
>80% temporary relief

Cervical RFA
Third occipital + C3/C4

Post-RFA neuritis
Allodynia + severe pain + migraine flare

Suzetrigine #1
100 mg load → 50 mg q12h × 7 days -> >50% improvement

Recurrence
Symptoms returned after stopping

Methylprednisolone + gabapentin
Insufficient to prevent recurrence

Suzetrigine #2
Same 7-day regimen, started 3 days later

Follow-up
Significant improvement in neck pain + allodynia

PROPOSED MECHANISTIC RATIONALE

Peripheral nociceptor — **Nav1.8** — Selective inhibition of Nav1.8 may reduce peripheral nociceptive signaling

RESULTS / OUTCOME

Suzetrigine course #1
100 mg loading dose → 50 mg every 12 hours × 7 days
→ partial (>50%) symptom improvement.

Symptoms recurred after discontinuation despite methylprednisolone and gabapentin.

A second 7-day course was started 3 days later using the same regimen.

Follow-up: significant improvement in neck pain and allodynia; daily migraines persisted but were less severe, with progressive functional improvement.

DISCUSSION

The temporal pattern, improvement during treatment, recurrence after discontinuation, and improvement after re-initiation suggests potential therapeutic benefit of selective Nav1.8 inhibition in refractory post-RFA neuritis.

BOTTOM LINE
Suzetrigine may represent a novel non-opioid option for refractory post-RFA neuritis, but controlled studies are needed.

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