Ultrasound-guided 60-day intercostal peripheral nerve stimulation for refractory postherpetic neuralgia: a three-patient series

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WHY THIS MATTERS

Thoracic postherpetic neuralgia can remain disabling despite multimodal therapy. Evidence for thoracic PNS is limited to small, heterogeneous reports.[1–6]

APPROACH

Three adults with refractory thoracic PHN and concordant benefit from diagnostic intercostal blocks.

Two percutaneous leads per patient, placed under ultrasound guidance adjacent to affected intercostal nerves.
Stimulation responses overlapped the painful distribution. Leads connected to an external 60-day PNS system.*

*SPRINT, SPR Therapeutics, Cleveland, Ohio

MAIN FINDING

All three patients reported >50% pain relief with temporary intercostal nerve stimulation.

Early responses in two patients.
Sustained benefit after repeat treatment in one.

A small retrospective case series.
Prospective evaluation is needed.

PATIENT OUTCOMES

01 >50% relief at 6 weeks

67-year-old woman • Left T2–T5 PHN. Pain up to 8/10. Leads: left T4–T5. Significant functional improvement. Treatment ongoing.

02 >50% relief at 6 weeks

58-year-old woman • Right T2–T5 PHN. Pain up to 10/10. Leads: right T2–T3. Her greatest improvement in years. Treatment ongoing.

03 17-month sustained benefit

61-year-old man • Left T2–T5 PHN. Leads: left T3–T4. Initial >90% relief lasted 5 months after lead removal. Repeat treatment produced >90% relief. Meaningful benefit persisted through July 2026, 17 months after removal. No reported complications.

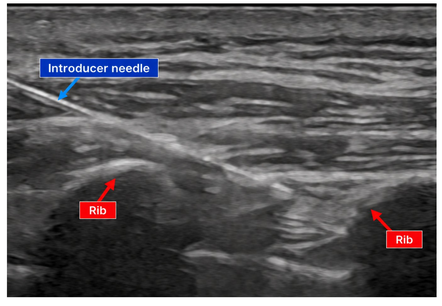


Figure 1. Ultrasound-guided intercostal PNS introducer placement.

LIMITATIONS Small sample, subjective outcomes, no control group and incomplete follow-up. Prospective evaluation is needed.

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