Pudendal Neuralgia in a Patient With Deep Brain Stimulation: Challenges in Escalating Treatment

Heather Clifford, BS[1], Prachi Parikh, PharmD[1], Alopi Patel, MD[2]

1. Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ

2. Department of Anesthesiology and Perioperative Medicine, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ

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Introduction

- Pudendal neuralgia (PN) is a chronic pelvic pain syndrome caused by irritation, compression or entrapment to the pudendal nerve.
- PN can cause significant pain and functional impairment and is often underrecognized.
- There is limited evidence assessing diagnosis and treatment of these symptoms.
- Diagnosis is confirmed by reproducible relief from nerve blockade.
- Treatment for refractory PN can become more complex in patients with existing implanted neurostimulation devices.

Case Report

- 69-year-old male with a history of Parkinson's disease with placement of a deep brain stimulation (DBS) device, urinary retention with chronic suprapubic catheter, and ataxia.
- Presented to pain management clinic with a 6-year history of severe right-sided penile and pelvic floor pain, initially triggered by suprapubic catheter placement.
- Pain is sharp and electric shock-like, exacerbated by walking, transitioning from sitting to standing, and ejaculation, and relieved with applying pressure to the penis.

Case Report

- Pharmacologic management failed to provide meaningful relief, prompting treatment escalation to bilateral pudendal nerve blockade.

Bilateral Pudendal Nerve Block #1	**100% pain relief for 3 days** with recurrence after suprapubic catheter adjustment
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Bilateral Pudendal Nerve Block #2	**~100% pain relief for several weeks** Improved activity and quality of life
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Further Treatment Considerations	Pudendal nerve stimulation (PNS) versus radiofrequency ablation

- Consideration of PNS is complicated by DBS device and potential interactions between implanted neuromodulation systems.

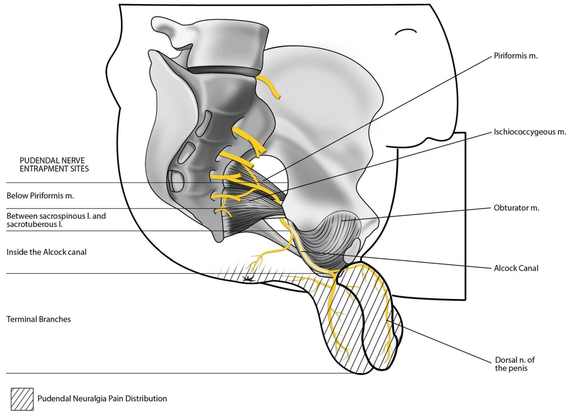


Figure 1. Pudendal nerve course and sites of pudendal nerve entrapment. Reproduced from Ahmed et al., *The Diagnosis and Management of Pudendal Neuralgia* (2026), under a CC BY-NC 4.0 license.

Discussion

- This case highlights the challenges of treatment for refractory PN in a patient with a complex medical history.
- Pudendal nerve blockade provided near-complete but temporary pain relief.
- PNS may offer a minimally invasive treatment option for refractory PN, but its use in patients with preexisting DBS presents additional considerations regarding potential interactions between implaned neuromodulation systems.
- Limited guidance exists regarding concurrent use of PNS and DBS.
- Further evaluation and data are needed to determine the safety and feasibility of concurrent neuromodulation.

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