P086-e Somatosensory rehabilitation: Treatment of a complex regional pain syndrome type II
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Introduction.—The Complex regional pain syndrome (CRPS) presents serious therapeutic difficulties. Two types of this syndrome are known: type I without peripheral nerve lesion and type II with peripheral nerve lesion. Three stages are described: stage one with vasomotor troubles and allodynia, the stage two with hypoesthesia, then, the stage three with decreased range of motion. Here, is a CRPS case with neuropathic pain which was treated with somatosensory rehabilitation.

Observation.—A 64-year-old woman, was suffering from a CRPS type II in first stage in acromioplastia post-surgical of left shoulder in October 2011. The CRPS was diagnosed with Bruehl criteria and a scintigraphy.

The somatosensory rehabilitation was started in March 2012. The patient took analgesic pills which did not much relieved the pain. A map of the allodynia territory had decrease to disappear one month later. The patient did not take treatment any longer. The range of motion of the left shoulder was limited.

The pain was gone, the allodynic territory had decreased to disappear one month later. An assisted active range of motion exercise of the left shoulder was effected. Here, the reached nerve was the superior branch of lateral skin nerve of the left arm. The somatosensory rehabilitation consisted in:

– a distant vibrotactile counter stimulation 8 times a day during 1 minute with confortable stimuli in C8-D1;
– a distant vibra counter stimulation realised with Vibralgic at 300 Hz, 0.9 v during less than 1 minute;
– none stimuli on the allodynia territory.

An assisted active range of motion exercise of the left shoulder was effected. The pain was gone, the allodynic territory had decreased to disappear one month later. The patient did not take treatment any longer. The range of motion of the shoulder was normal.

Discussion.—The treatment of CRPS must start early with interdisciplinary management. Many treatments have been effected no so successfully and with sometimes severe side effects. New techniques, like mirror therapy or somatosensory rehabilitation could be explored.

Further reading

http://dx.doi.org/10.1016/j.rehab.2013.07.247

P088-e Nitrous oxide interest in pain management to gain joint work within the framework of complex regional pain syndrome type I of a case
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Keywords: Equimolar mixture oxygen-nitrous oxide; Regional pain syndrome complex type I; Joint stiffness

Introduction.—Mobilization of a stiff knee in NITROUS within a complex regional pain syndrome type I of a case.

Objectives.—Nitrous oxide interest in pain management for a joint job gain.

Clinical case.—Mrs H.F., 45 years, CRPS type I in the right knee of posttraumatic origin.

Clinical examination.—Diagnostic criteria and severity score CRPS Budapest. At least one symptom in each group is present. At least one sign in the four groups was found. Total number of symptoms and signs present: 12/18. Walk with 2 CA with stiffness in his right knee, independent with ADL in long sick.

Support.—Day hospital with physical therapy at 3 times/week. Intolerance TT requires dose adjustment (maximum tolerated 10 mg). Mobilization painful; flexion 70°, extension 0° after 16 weeks. Making use of nitrous oxide for its analgesic and relaxant [2] and its safe use to maintain the swallowing reflex [1].

After explanation of the gesture, nitrous oxide administration (maxi/5 min, flow 12 L) before mobilization followed by a gentle passive mobilization (flow 12 L, maxi/20 min) with bending posture respecting the no pain.