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 was delimitated. Then, in this territory, no stimuli on the allodynia territory.

– a distant vibrotactile counter stimulation 8 times a day during 1 minute with confortable stimuli in C8-D1;
– a distant viber counter stimulation realised with Vibralgic at 300 Hz, 0.9 v comfortable stimuli in C8-D1;
– an assisted active range of motion exercise of the left shoulder was effected.

The somatosensory rehabilitation consisted in:

The modification of muscular hyperactivity is not correlated in a significant modification of the pain

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

Further reading

References

P087-e

Botulinum toxin type A in piriformis muscle syndrome using electromyography guidance

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Keywords: Toxine botulinique A; Piriformis muscle syndrome; EMG

The action of the toxin botulinum of type A (TBA) on the abnormal hyperactivity of the piriformis muscle in the rest is a hypothesis allowing to think that the decrease of this hyperactivity, witness of the muscle spasm, comes along with an improvement of the painful of the patients.

Patients and method.– It is the retrospective study which allowed to include patients with piriformis syndrome [2-4], distributed in two groups (neurological G1, not neurological G2).

Method:
– the clinical evaluation [3,4] and the EMG detection: activities of muscular not looseness during the muscular relaxation in the piriforme [3], allowed the inclusion, the absence of hyperactivity excluded the patients;
– the injection of TBA during EMG was realized with location of the muscular activities. A control EMG in 3 months was planned.

Results.–Twenty-five inclusive patients mailed: 17 injections of TBA (7 group 1, 10 group 2), 8 excluded patients. The modification of the muscle spasm noticed in the EMG by the decrease of the muscular hyperactivity is not correlated in a significant modification of the pain (3/6 months later).

Discussion.–This preliminary study allows to define the electrophysiologic criteria necessary to propose an injection of TBA in the piriformis muscle in the contact of the hyperactive driving plate the clinicals and the electrophysiologic results, to compare them with the previous works [1,2,5]. One prospective study is necessary by including these electrophysiologic criteria during the injection.

References