COMPREHENSIVE TREATMENT APPROACH OF NEUROPATHIC PAIN IN PATIENT WITH FEMORAL NERVE NEUROTMESIS

<u>Nino Zahirović</u>, Viviana Avancini-Dobrović, Vlasta Orlić Karbić, Tea Schnurrer Luke-Vrbanić

¹ Clinical Hospital Center Rijeka, Croatia e-mail: <u>ninozahirovic@gmail.com</u>

Background

Neuropathic pain is a common clinical problem that is under-recognized, inadequately treated, and significantly impairs quality of life.

Case report

A 72-year-old female patient came to the physical and rehabilitation medicine (PRM) specialist due to chronic pain along the entire length of her left leg. Patient had increasing difficulty moving and is limited in her activities of daily living. She describes the pain as shooting and burning. Pain intensity was 8/10 according to visual analog scale (VAS). She was taking extended-release tramadol up to 100 mg per day with minimal effect on pain reduction. She underwent magnetic resonance imaging (MRI) of the lumbar spine which revealed degenerative changes. In 1990 patient underwent surgery for an ovarian cyst and the procedure was complicated by neurotemesis of the left femoral nerve. The nerve was subsequently repaired with a transplant of the left sural nerve. She now has a neuroma with extreme allodynia at the site of the sural nerve extirpation. A year before she was treated with pregabalin but due to side effects treatment was discontinued. We additionally recommended duloxetine in a dose of 60mg. At the follow-up examination, the pain reduction was minimal. The patient was admitted to the hospital for rehabilitation treatment. Treatment consisted of individual kinesiotherapy that improved spinal stability, proprioception and balance. Additionally, electroanalgesic procedures and desensitization techniques in the area of the neuroma were applied. Psychological support was also provided. Duloxetine was excluded from therapy. At an interdisciplinary meeting between anesthesiology and PRM specialist, it was decided to start with the third line of treatment, amitriptyline. The dose of amitriptyline was gradually increased to 20 mg, which achieved a 30% reduction in pain and significant improved in the patient's quality of life.

Conclusion

Individual and interdisciplinary approach to rehabilitation treatment successfully reduced pain and improved the patient's quality of life.

Keywords: neurotmesis, pain, rehabilitation