Elbow Pain in a Patient with Chronic Tetraplegia

DIMAS, GREGORY [1,2]; COFFEY, PEGGY [1]; STEIN, BRADLEY PHARM.D. [1]; BURGE, TINA PHARM.D. [1]
1 JAMES A. HALEY VETERANS HOSPITAL, TAMPA, FLORIDA  2 MORSANI COLLEGE OF MEDICINE, UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA

METHODS

DESIGN

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1 JAMES A. HALEY VETERANS’ HOSPITAL, TAMPA, FLORIDA  2  MORSANI COLLEGE OF MEDICINE, UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA

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Different classification schemes help define etiology of pain after spinal cord injury (SCI). Two etiologies are nociceptive and neuropathic. Although prevalence of chronic neuropathic pain after SCI is lower (approximately 40%) than nociceptive pain, it generally is rated more severe. Some medications have been found to treat nociceptive pain better than neuropathic and vice versa. Pregabalin is believed to mitigate pain by inhibiting release of excitatory neurotransmitters. Dual serotonin and norepinephrine reuptake inhibitors are a recent addition of antidepressant use for chronic pain. Oral medications helped but our patient received additional pain reduction from topical diclofenac gel and active exercise.

Anesthesia successfully has shown multi-modal medical treatment (MMMT) using epidural opioids and local anesthetic reduces post-operative pain better compared to epidural opioids alone. Different types of surgeries have tried MMMT anesthesia, including orthopedics, urological, and bariatric. Optimal efficacy of combined interventions certainly deserves future study in SCI pain.

CONCLUSION AND CLINICAL RELEVANCE

LEARNING OBJECTIVES

1. Explain proposed mechanism of action of meds used to treat neuropathic pain.
2. Topical non-steroidal anti-inflammatory medications may be tried.
3. Exercise may be combined with medications.

KEYWORDS

SPINAL CORD INJURY, NEUROGENIC, NICCCEPTIVE, NUMERIC RATING SCALE, TOPICAL, EXERCISE

REFERENCES