INTERVENTIONAL TREATMENT WITH PERIPHERAL NERVE BLOCKS CAN POSITIVELY INFLUENCE CHRONIC SCIATIC PAIN RESISTANT TO STANDARD ANALGESIC TREATMENT

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Objectives: Substantial increase in understanding of complex nature of neuropathic low back pain still not able to achieve satisfactory pain relief for more than 50% of patients on standard pharmacological therapy. The goal of our study was to evaluate therapeutic role of peripheral nerve blocks in reduction of pain in patients with chronic sciatic pain.

Methods: We obtained data from 48 patients treated between November 2013 and 2016. Every patient had insufficient reduction of pain after no less than 2 months of pharmacological treatment and significant problems with physical therapy. Patients received local anesthetic (0.125% levobupivacaine) for every peripheral nerve block and corticosteroid (betamethasone) for last block. Pain was assessed by the use of numeric pain rating scale (NPRS), with range 0-10. Pain was evaluated before the application, 3-5 days after the first block and 4 weeks after the end of treatment.

Results: Our patients were 56.55 ± 12.97 year old. Chronic sciatic pain and failed back surgery syndrome were the main reasons for lower back pain. Peripheral neural block was made between 3 and 6 time with mean 3.28 ± 1.04 per patient. Mean pain score on NR scale before intervention was 8.32 ± 1.40 . Wilcoxon signed rank test showed statistically significant differences between pain score before treatment and 3-5 days after the first block ($p=0.000$) and 4 weeks after the last block ($p=0.000$).

Discussion: As conclusion we can emphasize strong potential of peripheral nerve blockade in treatment of low back pain, especially for patients refractory to pharmacological therapy.

References:

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