SYMPATHETIC LUMBAR PLEXUS BLOCK WITH BOTULINUM TOXIN IN THE TREATMENT OF ISCHEMIC PAIN

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Background: The thromboangiitis obliterans is an inflammatory peripheral arteriopathy, related to smoking. It involves of small and medium arteries of the upper and lower limbs with ischemic pain.

Case Report: A. B. J., 59 years old, male, with complaint of daily chronic ischemic pain in lower limbs by thromboangiitis obliterans. The patient was submitted on 06/18/16 to a bilateral sympathetic lumbar plexus blockade with Ropivacaine, guided by radioscopy, with positive response. In 01/03/2017, a bilateral sympathetic lumbar plexus blockade was performed with injection of 10ml Ropivacaine 0.375% (37.5mg) and 100IU of botulinum toxin (each side), guided by radioscopy, without intercurrents. The patient used, pre-procedure: transdermal patch of Fentanyl 25mcg/h, morphine LC 320mg/day (total oral Morphine equivalent dose: 380mg/day), Dipyron 9000mg/day, Gabapentin 1200mg/day and Amitriptyline 50mg/day. The mean pre-procedure pain was 6.5/10 per (numerical verbal scale), ranging from 4/10 to 9/10. The post-procedure pain intensity was 2/10, with reported improvement of 60%. After 30 days of the procedure, the patient showed lower pain intensity intensity: 5/10.

Discussion: Lumbar sympathetic plexus block reduces vasoconstriction and improves peripheral circulation, thus improving pain in patients with peripheral vascular diseases. Due to its action (blocking the pre-synaptic acetylcholine release) botulinum toxin could act as a long acting sympathetic blocking.

Learning points: The use of botulinum toxin to control pain in specific cases is already established and is now a possibility to be considered as a therapeutic alternative in difficult to control, requiring more studies that corroborate its efficacy and safety.

References: 1. Von Roenn, J. H., Paice, J. A., Preodor, M. E. CURRENT Diagnosis & Treatment of Pain; 2011, p.357.
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