

324. Long-term results of radiofrequency thermocoagulation of ganglion impar in perineal pain

L. Dolecek¹, P. Michalek², M. Stern², T. Gabrhelik³
¹Na Homolce Hospital, Anaesthesiology, Prague, Czech Republic, ²Na Homolce Hospital, Prague, Czech Republic, ³University Hospital Olomouc, Olomouc, Czech Republic

Background and Aims: Neurodestructive methods on sacral sympathetic chain and its terminal part ganglion impar (ganglion of Walther) have been a part of interventional analgesic therapy for chronic perineal pain within last two decades. While the methods of chemical neurolysis have been studied extensively, short-term effect of radiofrequency thermocoagulation (RFTL) has been described only in one study. The aim of this study was to evaluate the efficacy of ganglion impar RFTL in cancer and non-cancer perineal pain with at least one-year follow-up.

Methods: 18 patients (8 men, 10 women) with perineal pain were followed one year after RFTL of ganglion impar. 8 patients (44%) had cancer pain, while 10 pts. (56%) had non-cancer perineal pain. All patients had diagnostic block with LA which was followed by RFTL. Thermolesion was performed using both classical Plancarte and transcoccygeal approaches with generator Radionics 3. The patients were followed at 1, 3, 6 and 12 months after the procedure. RFTL was repeated if any significant worsening of pain occurred.

Results: Immediate effect of RFTL was positive in 16/18 patients (89%). 4 patients with cancer pain died during study period. All 8 cancer patients had significant pain relief for up to 3 months period following RFTL. Only in two patients a worsening of pain demanded increase in opioid medication or another intervention. 2 patients with non-cancer pain reported worsening of pain after RFTL despite very good effect of the block with LA. 8/14 surviving patients (57%) had still good pain relief at 12 months after RFTL.

Conclusions: These preliminary results show that RFTL of ganglion impar is an effective procedure providing relatively long-term pain relief in the patients with cancer-related perineal pain. In the patients with non-malignant pain, the results remain controversial and often are not in agreement with diagnostic LA block.

344. Targeted subcutaneous (temporary) neuromodulation implant in the treatment of intractable thoracic pain after thoracotomy. A case report

P. Theodosiadis¹, V. Grosomanidis², A. Kolletas¹, E. Samoladas¹
¹Central Clinic-Euromedica, Pain Management Center, Thessaloniki, Greece, ²AHEPA University City Hospital, Anesthesia, Thessaloniki, Greece

Introduction: Subcutaneous targeted neuromodulation is one part of the wider new peripheral neuromodulation. We present a successful treatment of nociceptive pain relief using the aforementioned technique.

Case Report: A 24 year old man suffered from intractable nociceptive pain (8 on VAS) along the long thoracic nerve distribution, which located mainly in two small areas of the right hemithorax.

The patient had thoracotomy and pleural fusion for relapsed pneumothoraces and shortly after (< 1 month) he developed severe pain. Pharmacotherapy afforded no benefit.

At this stage an external neuromodulation trial into the epicenter of the painful areas was applied for about 10 minutes (2Hz, 1.5-2mA, Neurostim Panjunk). The reduction of pain was remarkable. After this, two temporal quantripolar electrodes (Pescos Mendronic) were implanted into the above areas and an external generator was given to patient in order to stimulate himself.

The patient stimulates himself 4 times daily for 10 minutes with very good results. The electrodes were removed 6 weeks later due to immigration. He is now waiting for a permanent implant.

Summary: The introduction of a stimulating electrode subcutaneously into the center of the painful areas is minimally invasive technique with a great effectiveness in control of nociceptive intractable pain.



Shadow lines depict the painful areas



An electrode targeted to the painful area

366. Ultrasound guided pulsed radiofrequency treatment for peripheral neuropathic pain

P. Walczuk¹, D. Harmon²

¹Galway University Hospital, Anaesthesia and Pain Medicine, Galway, Ireland, ²Mid-Western Regional Hospitals, Dooradoyle, Limerick, Anaesthesia and Pain Medicine, Limerick, Ireland

Background and Aims: Ultrasound is a promising imaging technique in interventional pain management. It allows real-time identification of the soft tissues, vessels, bony structures and most importantly nerves.

Pulsed radiofrequency (PRF) has been reported as a treatment of peripheral neuropathic pain. Since placement of the electrode in the close proximity of the nerve is extremely important for the success of PRF ultrasound seems to be well suited for this technique.

Methods: To describe an ultrasound guided PRF treatment technique for peripheral neuropathic pain. To illustrate a case series. To outline potential advantages of this technique.

Results: Case series below.

Age	Sex	Peripheral N	Pain	Nerve	Treated
56	Male	Supinator Syndrome		Superficial radial	
45	Female	Supinator Syndrome		Superficial radial	
45	Female	Shoulder Pain		Suprascapular nerve	
75	Male	Meralgia Paresthetica		Lateral c. nerve of thigh	
68	Male	Meralgia Paresthetica		Lateral c. nerve of thigh	
46	Male	Ilioinguinal Neuralgia		Ilioinguinal nerve	
57	Female	Nerve Injury		Median Nerve	
64	Female	Nerve Injury		Superficial cervical Plexus	

Conclusion: Advantages of ultrasound guided PRF include; Real-time visualization of anatomical structures; Improved safety?; Improved outcome? (specificity of treatment); Improved patient comfort (no blind searching for peripheral nerve); More time efficient; Question of specificity of nerve identification by electrical stimulation avoided; Can apply stimulus on different parts of nerve (circumferential treatment); Can reapply treatment in the presence of local anaesthetic.