

Early adjunct treatment with topical lidocaine results in improved pain and function in a patient with complex regional pain syndrome

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Complex regional pain syndrome (CRPS) is a complex pain disorder characterized by sensory, motor, trophic and autonomic dysfunction. It is difficult for clinicians to manage as there is no gold standard for diagnosis or treatment. Patients with CRPS are at risk for developing contractures, tissue atrophy, joint dislocation and severe chronic pain. Poor response to treatment can lead to drastic interventions including amputation of the affected limb. There is limited understanding of the pathophysiology of CRPS. The proposed mechanisms are multifactorial and consequently, so are the proposed treatments. These treatments can be invasive with poor evidence for efficacy. We present an interesting case of topical lidocaine as a non-invasive and effective treatment in the management of pain in a spinal cord injured patient presenting with early CRPS. The significant effect of topical lidocaine for reducing severe allodynia allowed the patient to participate in rehabilitation strategies to further manage the debilitating consequences of her CRPS including decreased range of motion and function. This case study provides support for improved outcome with early treatment of CRPS with topical lidocaine. It also sheds light on the role of early peripheral sensitization on the development of CRPS.