

ACUPUNCTURE AND EPIDURAL ANALGESIA COMBINATION IN ACUTE LUMBAR-SCIATIC PAIN: AN OPTIMAL BLEND?

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Argomento: Anestesia loco-regionale e analgesia

Introduction

Acute low back pain (LBP) is a disabling disorder affecting 54%-80% of population (1); the painful related symptomatology is difficult to treat with common pharmacological therapies. Apart from medications, other no-surgical treatments are epidural injection and acupuncture. Efficacy of this two techniques has been demonstrated for chronic LBP (2). Our aim is to demonstrate that their association might be an optimal chance to improve LBP without side effects.

Case report

We observed 8 patients between 2016 and 2017, 35-84y, affected by mono- or bilateral acute LBP (NRS>8) not responsive to corticosteroid, opioid and FANS; 5 of them had surgical indication: 1 intraforaminal discal hernia, 1 multiple discal hernias, 3 spinal stenosis. We performed a traditional medical approach combined with an alternative one:

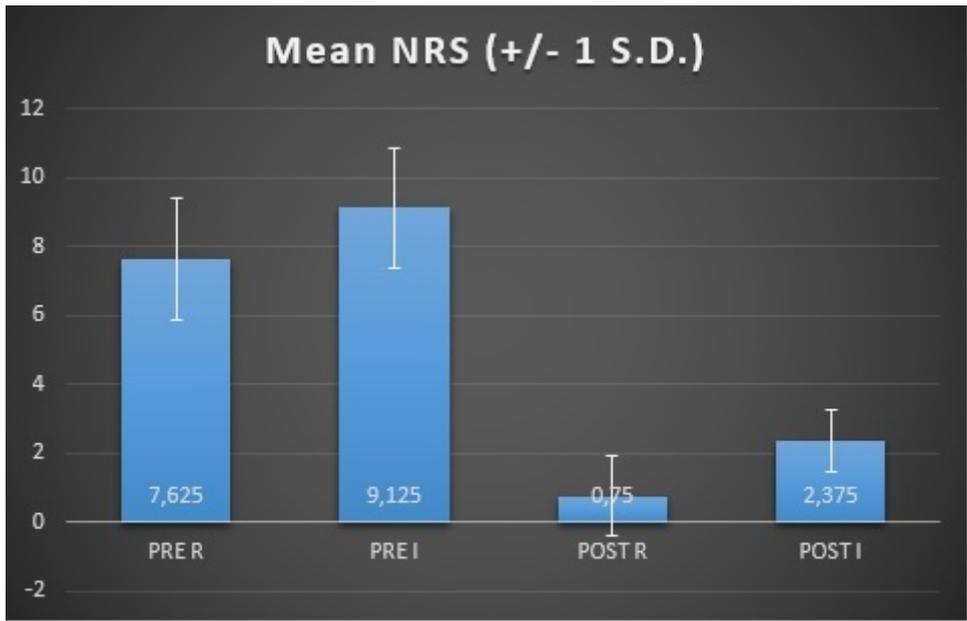
- Epidural analgesic bolus: L3-L4 injection of Ropivacaine 0.1% 20 ml+ Methylprednisolone 60 mg (3) with Tuohy needle 18G.
- Acupuncture through specific points involved in spine stretching, elongation and muscle relaxation in order to get an analgesic, anxiolytic and mood tonic effect.

Results

For all the 8 patients there were fast benefits: improvement of NRS after 10 minutes (A), early passive mobilisation, active mobilisation in a few hours, improvement of antalgic contracture and mood tonification, evaluated with the Roland-Morris disability questionnaire. Benefits were maintained in 4 patients over time. 1 patient required a second injection after 2 weeks. No complications happened. These patients finally avoided surgery. The 3 patients with spinal stenosis had recurrence of pain after 6-8 hours (B); they were finally scheduled for surgery.

Conclusions

Epidural corticosteroid and local anesthetic injection is an advanced analgesic technique that shows high efficacy in the treatment of acute LBP resistant to standard therapies. The association between locoregional anesthesia and acupuncture could be an optimal blend in the treatment of LBP. Patients with LBP secondary to spinal stenosis had time-limited benefits.



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