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Case report

Complex regional pain syndrome in burn pathological scarring: A case report and review of the literature

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ARTICLE INFO

Article history:

Accepted 15 February 2017

Keywords:

Burns

Pathological scarring

CRPS

Complex regional pain syndrome

Sympathectomy

ABSTRACT

Chronic pain in burn pathological scarring is not an uncommon occurrence. The mechanisms of pain are not clearly understood and hence the management approach is often a daunting task. However, meticulous physical examination of these patients may classify them as complex regional pain syndrome, type I. We present a patient with classic signs and symptoms of complex regional pain syndrome associated with burn pathological scarring of her left forearm that had a favourable response to a thoracoscopic sympathectomy. The possible pathological mechanisms of burn pathological scarring, mechanisms of pain, and complex regional pain syndrome are reviewed.

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1. Introduction

The traumatising experience following burns is often short lived for those with cosmetically acceptable normotrophic scars. However, for others with residual pathological scarring the effects may have a long drawn impact on the quality of life. Apart from the cosmetic effect, pain within these burn scars are complex and often difficult to treat as the pathophysiological mechanisms that result in pain are not well understood.

We present a patient who sustained deep partial thickness burns to her left forearm that resulted in complex regional pain syndrome in the region of the burn scar area that, following unsuccessful medical treatment, responded to a thoracoscopic sympathectomy.

2. Case report

A 55year old woman was referred with excessive pain of her left forearm and hand following a 4% combined superficial and deep partial thickness burns sustained 6 months previously. Whilst standard wound dressings ensured healing of the burns over a 3 week period, the patient developed a deep burning pain associated with the burns area that was worse on movements of the wrist joint and the all the fingers.

On presentation, the patient was in agony and was reluctant to allow examination of her left forearm; her right arm clasped the left elbow proximal to the burn site. There was linear hypertrophic scarring involving the left forearm, extending from the bases of the metacarpals to the proximal

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<http://dx.doi.org/10.1016/j.burns.2017.02.007>

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third of the volar surface. Patches of leukoderma (complete pigmentation loss from a secondary cause) within the hypertrophic scarred areas intermingled with post-inflammatory hyperpigmentation (Fig. 1). The left hand was oedematous compared to the right hand, most noticeably over the middle

finger (Fig. 1C). The patient experienced allodynia (pain following normally non painful stimuli e.g. light touch), demonstrated minimal active movement at the left wrist joint and fingers and was unable to clench a fist (Fig. 1A). There



- A: pre op, unable to clench a fist.
- B: post op able to clench a fist.
- C: pre op oedema of hand most noticeable over middle finger.
- D: post op resolution of oedema

Fig. 1 – Patient exhibiting PBPS Pre and Post Sympathectomy.

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