



Spontaneous presentation and successful management of Complex Regional Pain Syndrome (CRPS) Type 1: a case-report

Brendon Lin; Jose Fernandez, MD

NYC HEALTH+ HOSPITALS

Metropolitan

CASE PRESENTATION

History of present illness:

- A 41-year-old female with no PMH, presents with left index finger pain.
- Pain started 1 year ago, with no inciting event, exacerbated by use.
- 2 corticosteroid injections resolving the pain for 2 months, with return of the pain after resuming use of the finger
- Complained of 8/10 burning/sharp pain at the MCP of the left index finger, associated with allodynia and paresthesia of left digit. Denied weakness or numbness.

Physical Exam:

- Decreased range of motion at the PIP, DIP, and MCP of the left hand and moderate swelling of left index finger with exquisite tenderness to palpation of left index finger.

Imaging:

- **Left hand x-ray:** no fracture, well maintained joint spaces, intact articular surfaces.
- **Left hand MRI:** normal.
- **Left hand bone scan:** no abnormal activity.

DISCUSSION

- CRPS often does not follow the usual course of known trauma or lesion and does not follow a specific nerve territory or dermatome. There is often associated sensory, motor, or vasomotor symptoms. Subtypes 1 and 2, as well as warm and cold subtypes are currently recognized.
- Although, pathogenesis is not known, proposed mechanisms include classic inflammation, neurogenic inflammation, or maladaptive changes in pain perception.
- CRPS is fairly rare, occurring between 5-26 in 100,000/ year, and is associated with an inciting event 90% of the time.
- The Budapest criteria is used in diagnosing CRPS and has sensitivity and specificity of 82 and 68 percent, respectively. Although it is a clinical diagnosis, common workup includes bone scintigraphy and X-ray. Bone scan can support the diagnosis if positive within 5 months of symptom onset, however it does not exclude the diagnosis.
- Current CRPS management includes patient education, PT and OT, psychosocial and behavioral intervention, pharmacotherapy that may include NSAIDs, neuropathic adjuvants, and topical lidocaine or capsaicin.

CONCLUSIONS

- CRPS is a rare disorder that can rarely occur without an inciting event. It should be suspected in the presence of chronic neuropathic pain associated with motor/trophic abnormalities. OT modalities are an effective treatment.

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