



Old and new kids on the block: een update in de algologie

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Inhoud

Situering pijnkliniek

Wervelkolom gerelateerde pijn

Neuropathische pijnsyndromen

Sympathicus behandelingen

Gewrichtsdenervaties

Pijnkliniek

Diagnostiek & therapeutische mogelijkheden

Chronische pijn

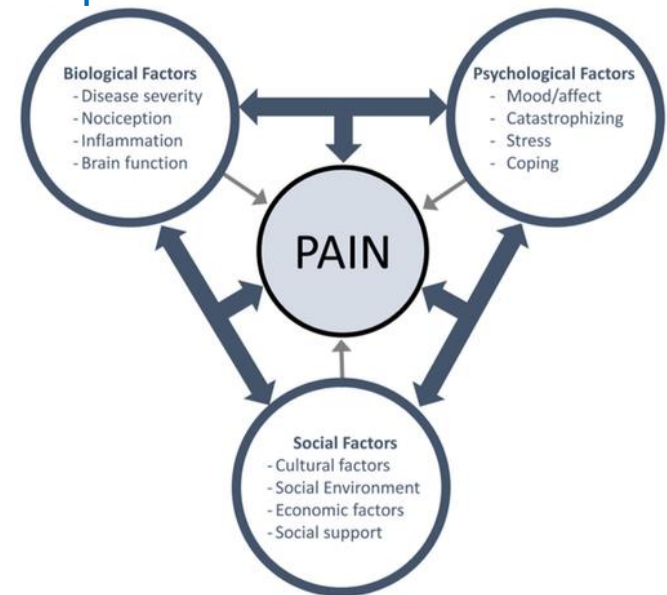
Subacuut (bv neuropathische pijn)

Acuut (bv radiculaire pijn)

Biopsychosociaal model vereist multidisciplinaire benadering

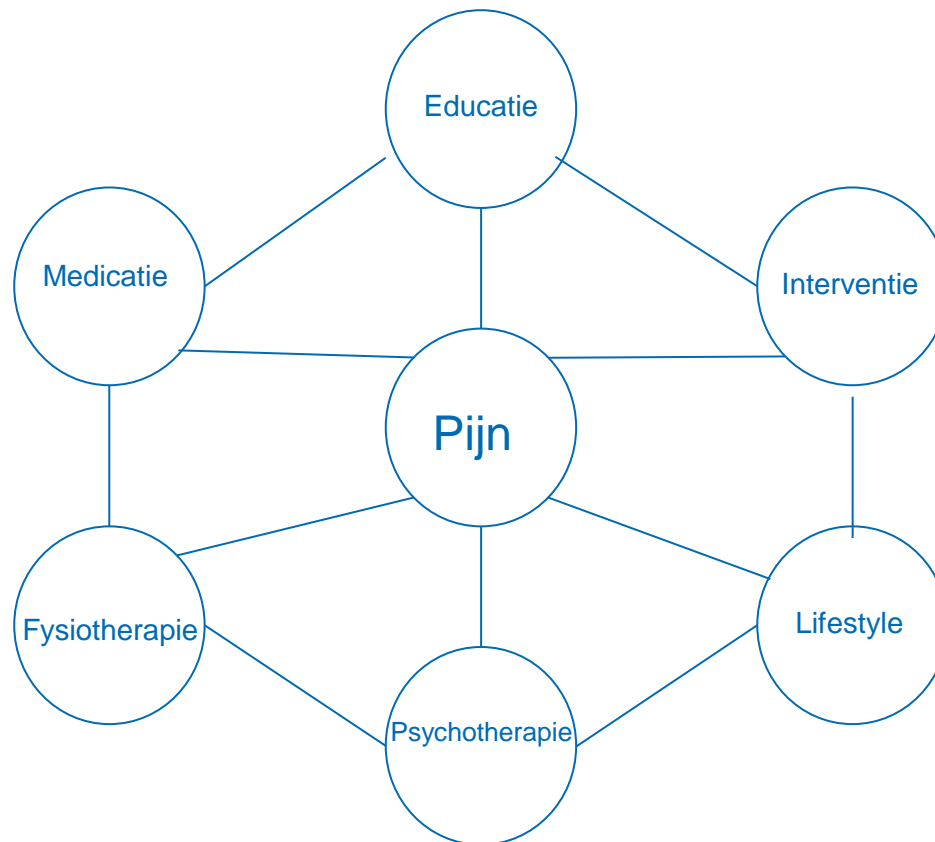
Raadpleging & doorverwijzing

Spine unit



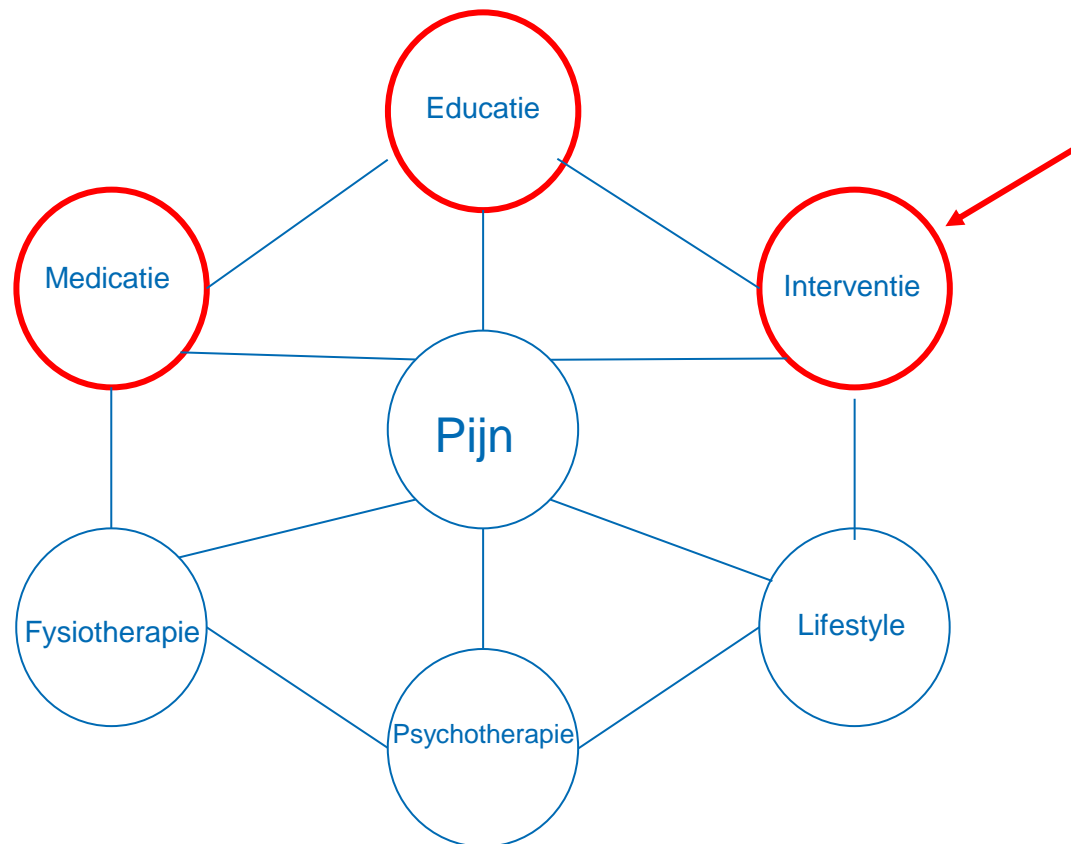
Pijnkliniek

Verschillende 'pilaren' pijnbehandeling



Pijnkliniek

Verschillende pilaren/categorieën in pijnbehandeling



Wervelkolom gerelateerde pijn

- ~ 15% westerse bevolking chronische lumbalgie
- ~ 60% lifetime prevalentie

Multitude aan onderliggende oorzaken

Facetgewricht ~ 30%

Sacro-iliacaal gewricht ~ 30%

Discogeen ~ 30%

Radiculair

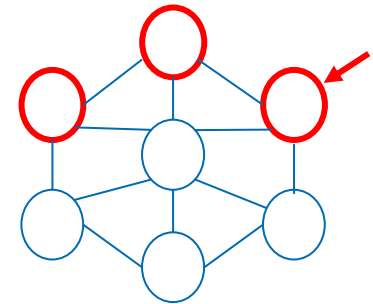
Spinaalkanaalstenose

Myofasciaal

Gerefereerde pijn

Failed Back Surgery Syndrome

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Wervelkolom gerelateerde pijn

Facetgewrichten: C - T - L

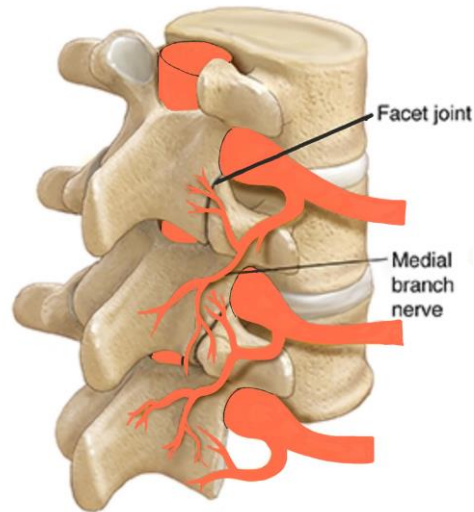
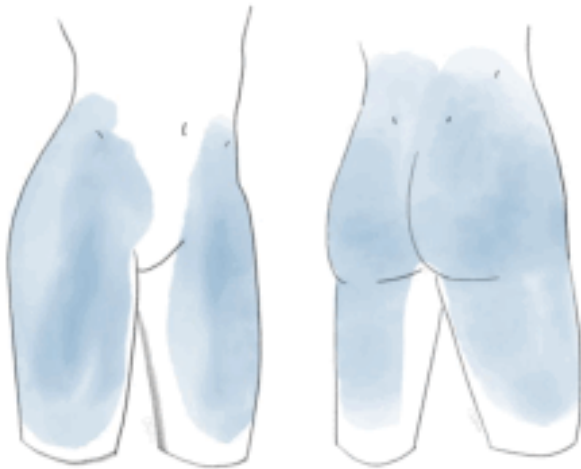
Osteoartritis

Infiltratie IA met cortisone

Artrose

Proefblokkade MB van dorsale ramus

Radiofrequente ablatie



Wervelkolom gerelateerde pijn

Facetgewrichten: C - T - L

Artrose

Proefblokkade:

~ 30% vals positief of negatief

Radiofrequente ablatie

Gemiddeld 12 maanden >50% reductie

Onset of effect na ~5 weken

Repeat ablatie mogelijk

Wervelkolom gerelateerde pijn

Sacro-iliacaal gewricht

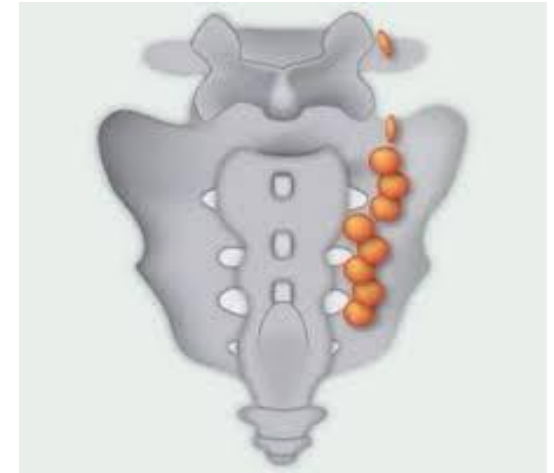
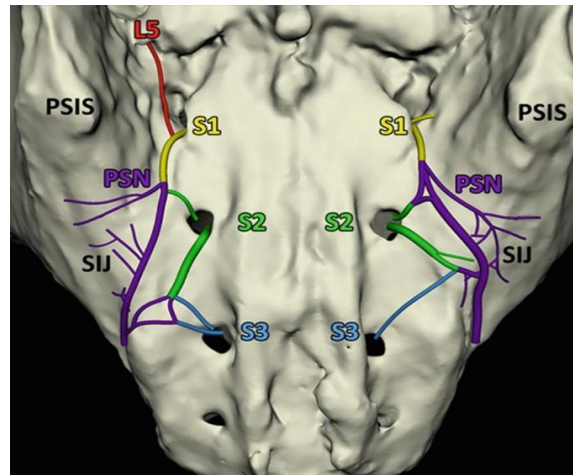
Complexe innervatie

Anterieur Ventrale tak L5-S2

Posterieur Dorsale tak L4/L5 - S4

Injecties met LA evt met corticoïd

Radiofrequente behandeling



Wervelkolom gerelateerde pijn

Discogene pijn

Multidisciplinaire aanpak mét

Fysiotherapie

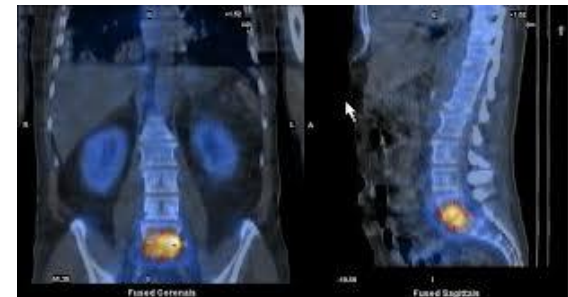
Psychosociale rehabilitatie

Chirurgie (fusie/discusprothese) niet superieur

Epidurale corticoïden te overwegen

Intradiscale injecties verlaten

Interventionele technieken wisselende evidentie



Neuropathische pijnsyndromen

Radiculair pijnsyndroom

Meest frequent discusbulging/herniatië

Radiculaire pijn vs Radiculopathie

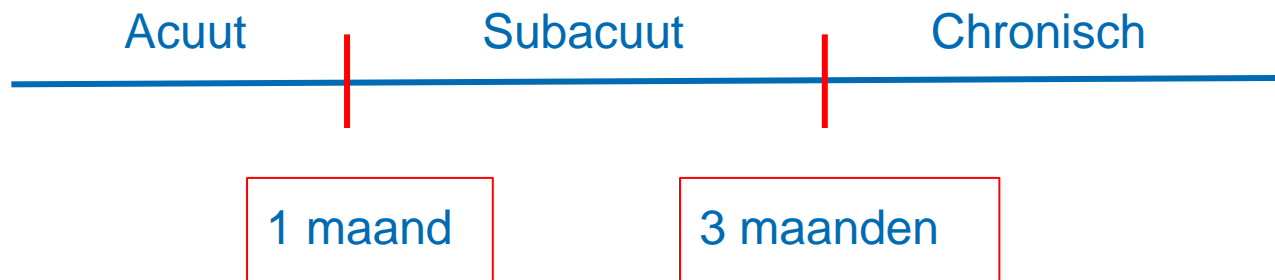
Pijn spontaan beter in 75% eerste 3 maanden

Geen perfecte correlatie beeldvorming vs kliniek

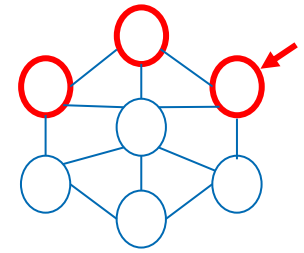
~ $\frac{1}{3}$ pijn maar geen zenuwcompressie

~ $\frac{1}{3}$ asymptomatische zenuwcompressie

EMG als dd perifere neuropathie vs centraal



Neuropathische pijnsyndromen



Radiculair pijnsyndroom: **subacuut** (<3 maanden)

Medicamenteus:

- Systemisch corticoïd beperkt effect
- Geen evidentie NSAID / Benzo / Anti-epileptica / opioïden

Interventioneel:

- TF > Epi Corticoïd gunstig effect eerste 3 maanden
- Surgery sparing effect

70% ingreep uitgesteld <1 jaar

80% hiervan (~ 55%) geen ingreep <5 jaar



Neuropathische pijnsyndromen

Radiculair pijnsyndroom: **chronisch** (>3 maanden)

Medicamenteus:

- Beperkt effect TCA (amitriptyline) / Anti-E (pregabaline)
- Geen evidentie NSAID / Benzo / opioïden

Interventioneel:

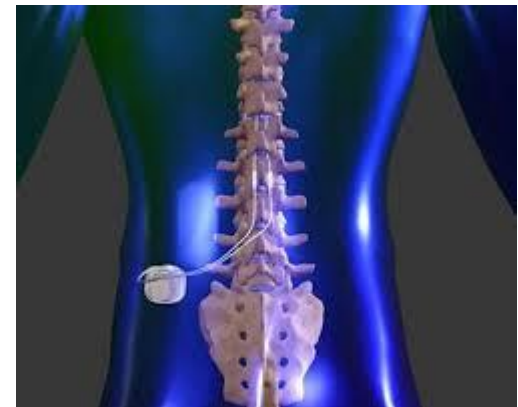
- Corticoïden beperkt effect enkel indien frequent herhaald
- Pulsed Radiofrequente behandeling van DRG

Pijnreductie na 3 maanden

Weinig nevenwerkingen

- Adhesiolyse
- Spinal Cord Stimulation

België: last resort na falen
alle therapie, incl chirurgie



Neuropathische pijnsyndromen

Radiculair pijnsyndroom

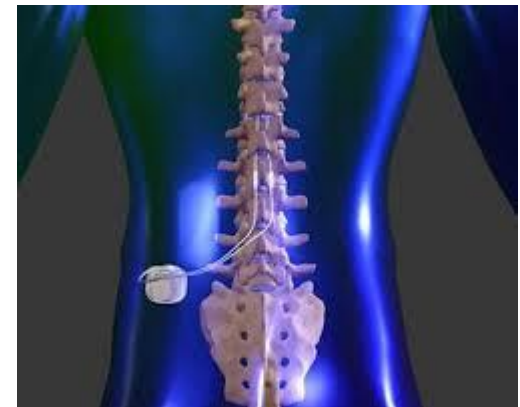
Chirurgie

In geval van sensorische/motorische uitval

In geval van persisterende pijn >3 maand
ondanks conservatieve therapie

Geen vergelijkende studies PRF vs Chirurgie

Discussie over correcte timing



Neuropathische pijnsyndromen

Perifere neuralgie

Veelal klinische diagnose, DN4 vragenlijst 4/10

EMG kan diagnostische identificatie helpen,
cave neuropathische pijn \neq neuropathie

Beeldvorming

Echo / MRI



Interview questions for the patient:

Question 1: Does your pain have one or more of the following characteristics?

	Yes (1)	No (0)
1. Burning		
2. Cold is painful		
3. Electric shocks		

Question 2: Is the pain associated with one or more of the following symptoms in the same area?

	Yes (1)	No (0)
4. Tingling		
5. Pins and needles		
6. Numbness		
7. Itching		

Examination of the patient:

Question 3: Is the pain located in an area where the physical examination had one or both of the following characteristics?

	Yes (1)	No (0)
8. Hypoaesthesia to touch		
9. Hypoaesthesia to pinprick		

Hypoaesthesia: decreased sensitivity

Question 4: In the painful area, can the pain be caused or increased by:

	Yes (1)	No (0)
10. Brushing		
Total score =		

Total score \geq 4: 90% probability of neuropathic pain.

Neuropathische pijnsyndromen

Perifere neuralgie

Mononeuralgie

Pudendusneuralgie

Lumbale plexus: NCFL, IH, IL, GF

Intercostalis

Postherpetische neuralgie (Spinaal ganglion)

Diabetische neuropathie voet

Post chemotherapie (CIPN)

Postchirurgie

Directe zenuwschade

Hyperalgesie litteken

Neuropathische pijnsyndromen

Perifere neuralgie

Manuele therapie

Lasertherapie

Medicamenteus

TCA (Amitriptyline)

SNRI (Duloxetine)

Anti-E (Pregabaline/Gabapentine/Carbamazepine)

Topicaal

Capsaïcine: Creme / Qutenza

Lidocaïne

Neuropathische pijnsyndromen

Perifere neuralgie

Interventioneel

Gerichte zenuwinfiltratie:

Diagnostische & therapeutische waarde

Pulsed Radiofrequente behandeling bij positief block

Triggerpunt infiltraties

TENS

Neuromodulatie

Sympathicus block

Sympathische grensketen: Cervicaal - thoracaal - lumbaal

Neurolyse dmv RF of Chemisch

Voorafgegaan door proefblokkade

Indicaties:

Ganglion stellatum/T2T3 ganglia: CRPS hand

Ganglion coeliacus: Pancreatitis/GI oncologische pijn

Evolutie naar echo-endoscopische blokkades

L2-L4 Ganglia: CPRS onderste lidmaat

Fantoompijn

Ischemie gerelateerde pijn

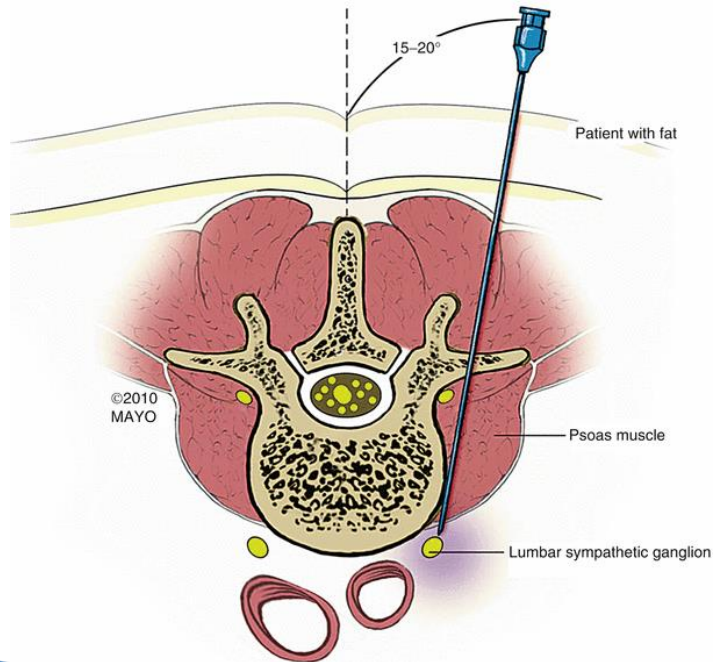
Vasculaire insufficiëntie/Wondheling

Sympathicus block

Sympathische grensketen: Cervicaal - thoracaal - lumbaal

Chemische neurolyse

Radiofrequente ablatie: minder NW, evenwaardig effect



Gewrichtsdeneraties

Radiofrequente ablatie van sensibele bezenuwing van gewrichten

Schouder

Knie

Indicaties:

Osteoartritis

Persisterende pijn na prothesechirurgie

Alternatief voor prothese bij inoperabele patiënt

Bij falen conservatieve therapie >6 maanden zonder beterschap
(kinesitherapie of fysiotherapeutische revalidatie,
pijnstillers, gewrichtsinfiltratie met steroïden)

Gewrichtsdenervaties

Knies: Relatief eenvoudige procedure
RF Geniculaire zenuwen (3x)
Niet inferolateraal: Sparen N peroneus
Resultaten beter bij OA dan post TKP
WOMAC score



Gewrichtsdenervaties

Schouder: Relatief complexer, meer zones voor volledig effect

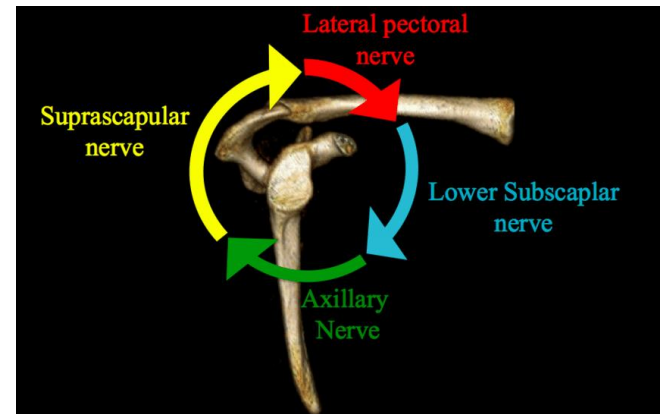
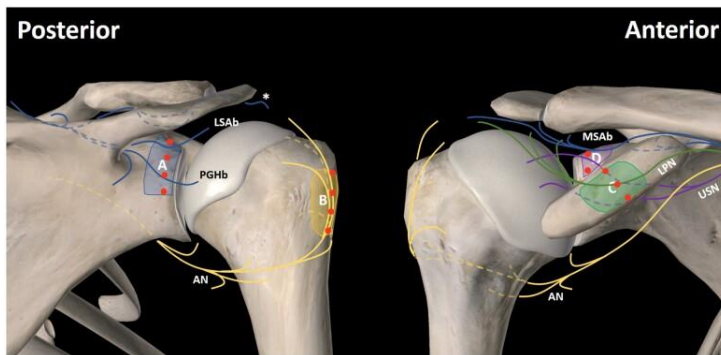
RF suprascapularis

Bij uitbreiding uitgebreidere zones te ableren

Suprascapularis (2x) Axillaris (1x) Laterale pectoralis (1x)

Oxford Shoulder Score

Post CVA pijn / Frozen shoulder



Vragen?

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Referenties (2)

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