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Prevalence and severity of Post Dural Puncture Headache (PDPH) and associated factors after spinal anesthesia among patients in university of Gondar referral and teaching hospital, Gondar, North West Ethiopia

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According to the studies, the incidence of anesthesia-related nerve injury associated with peripheral nerve blocks (PNBs) is 0.4%, which is likely that the commonly cited is underestimated due to underreport. In addition, most complications of PNBs were reported with upper extremity blocks. The mechanisms of injury are including intraneural injuries, vascular mediated lesions, pressure, pain of injection, resistance to injection and needle designs and trauma. Anesthesia-related nerve injury can classify in three types of Neuropraxia, Axonotmesis and neurotmesis. Electrophysiology testing (NCS, EMG), Doppler Ultrasound/High-Frequency Ultrasound and Magnetic Resonance Neurography are common tests used for diagnosis of this type of injury. It can be concluded that anesthesia-related nerve injury associated with should be considered during the PNBs procedures.

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SI joint syndrome: An update on definition, diagnosis, and treatment

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The sacroiliac joint is a diarthrodial joint that is susceptible to the development of arthritis. The history of the sacroiliac joint (SIJ) and its painful syndromes have been controversial for hundreds of years. The sacroiliac joint serves as a major shock absorber and force transducer that is implemented during weight-bearing activities. The sacroiliac joint can produce symptoms similar to facet joint abnormalities. The SI joint demonstrates a complex neural network. Portions of the sacral plexus from S1 and S2 innervate the posterior SI. Moreover, segments from L3 to S2 innervate the ventral side. Management strategies for SIJ pain states are diagnosis specific. Pain that arises from systemic disease merits pharmacological interventions directed at reducing inflammation and curbing the pathological processes, while pain that arises from infection merits antibiotic therapy. Patients who suffer from symptoms that are related to a primary mechanical SI joint pain state can benefit from measures that are intended to normalize the mobility status of the joint. There is moderate support for the use of diagnostic sacroiliac joint interventions in chronic low back and/or lower extremity pain, whereas it provides limited evidence for radiofrequency neurotomy of sacroiliac joint nerve supply. However, considering that there is no other viable alternative to managing sacroiliac joint pain in patients refractory to corticosteroid injections, radiofrequency denervation in highly selected patients appears acceptable. With the early reports of de-afferentation pain syndromes and motor deficit with the application of thermal radiofrequency lesion, pulse radiofrequency represents the most recent advance in clinical practice. The initial clinical data on pulse radiofrequency neurotomy demonstrate a response rate similar to conventional thermal radiofrequency lesions for sacroiliac arthropathy.

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