E-Poster

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Management of Pain and Sweating in Transfemoral Amputees

Topic: Miscellaneous

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BACKGROUND

Transfemoral amputations represent a significant percentage of lower limb amputations, with neuropathic pain and stump sweating being major causes of morbidity. These complications greatly impact patients' quality of life, hindering prosthetic use and negatively affecting mobility and autonomy. Prosthetic fitting optimization, pharmacological adjustments, and botulinum toxin type A (BTA) infiltration have demonstrated efficacy in their management.

CASE DESCRIPTION

A 56-year-old male with a right transfemoral amputation and long-term prosthetic use developed mixed stump pain and excessive sweating, making liner placement and prosthesis use difficult, significantly limiting daily activities.

Initial Assessment:

- S-LANSS: 6/7 (neuropathic pain)
- Sweating VAS: 10/10
- Pain VAS: 9/10
- Pre-treatment SF-36 Score: Physical functioning: 0%, Role limitations due to physical health 0%, Pain 32.5%, General health 45%.

A total of 100 IU of BTA (Botox) was injected into the distal stump using mapping techniques to identify specific areas of pain and sweating.

Evolution:

Four weeks post-treatment, the patient reported improvement with reduced sweating (VAS4) and pain relief (VAS5). Prosthetic fitting and medication were adjusted, allowing resumption of prosthesis use. Post-Treatment SF-36 Score: Physical functioning: 65%, Role limitations due to physical health: 75%, Pain: 77.5%, General health: 55% At four months, the procedure was repeated, maintaining clinical improvement.

CONCLUSION

Stump pain and sweating in transfemoral amputees are common complications that significantly impact quality of life and prosthetic gait. A multimodal approach is key to treatment, with botulinum toxin type A being an effective option for managing these conditions.

Statement of Disclosures

None

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