E-Poster

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Exploring Transversus Abdominis Plane (TAP) Block For At-Level Spinal Cord Injury Neuropathic Pain: A Novel Approach

Topic: Injections (Joint, Spine, etc.)

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BACKGROUND

At-level neuropathic pain following spinal cord injury remains a therapeutic challenge, often refractory to conventional pharmacological and physiotherapy interventions. The transversus abdominis plane (TAP) block, primarily utilized for abdominal wall analgesia, might be a promise as a novel modality for neuropathic pain management in a series of our patients. This study aims to asses the efficacy of TAP block in managing at-level neuropathic pain in spinal cord injury patients.

METHODS

A non-randomized, observational case series conducted at Armed Forces Institute of Rehabilitation Medicine Rawalpindi, Pakistan. Spinal cord injury patients, age 18 years or more, having persistent neuropathic pain at the level of lesion for three months or more, not responding to oral medications and pain intensity of numerical rating scale (NRS) score more than 4/10 were included. Ultrasound guided (1 x unilateral and 2 x bilateral, n = 5) TAP blocks were performed at the lesion level using 2 mL of 2% injection plain lignocaine + 1 ml (40 mg) injection triamcinolone + 7 ml normal saline. Mean NRS score were noted down at baseline (9), 24 hours (3.6) and 4 weeks (6.2) post – TAP block.

RESULTS

Patients included three males with traumatic thoracic spinal cord injury. No serious procedural complications were noted. Post-TAP block, follow-up was done for four weeks. Given the small sample size, only comparison of pre and post TAP block means was performed. Compared to baseline, there was 60% reduction in pain intensity at 24 h. Moreover, a sustained pain reduction of 31.1% was still observed at 4 weeks.

CONCLUSION

Transversus abdominis plane block seems to have short-term and moderate long-term efficacy in managing at-level neuropathic pain in SCI patients.

Statement of Disclosures

None

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