

COMPLEX REGIONAL PAIN SYNDROME – A DIAGNOSTIC AND TREATMENT CHALLENGE

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The management of patients with CRPS in primary and secondary care involves specialists from a wide range of health-care professions. Many specialists see patients with CRPS only rarely and are, therefore, relatively unfamiliar with the clinical presentation. Further, CRPS mimics a range of other health conditions encountered by these health-care professionals; these factors may contribute to causing delay in confirming the correct diagnosis.

We recognize three stages:

Stage I (Acute): Pain, sensory impairment, and autonomic dysfunction.

Stage II (Dystrophic): Increased Stage I symptoms and development of motor impairment and trophic changes.

Stage III (Atrophic): Decreased pain and sensory impairment, continued autonomic dysfunction and markedly increased motor impairment and trophic changes

As there is no objective test to confirm the diagnosis, the integration of the clinical signs is very important as well as the experience of the physician. The pain causes a significant disability and some patients are begging for an amputation. There is no consensus about the role of amputations, as there is no consensus whether the cause is peripheral nerves damage or central (Brain). Some would regard it as a somatoform disorder. I shall discuss the pro's and con's regarding amputations for the CRPS patients.