XLVI CONGRESSO SOCIETÀ ITALIANA DI NEUROLOGIA

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EFFICACY OF 5% LIDOCAINE MEDICATED PLASTER IN LOCALIZED PERIPHERAL NEUROPATHIC PAIN IN ADULTS

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Background

Localized peripheral neuropathic pain (NP) may be defined as "a type of neuropathic pain characterized by consistent and circumscribed area(s) of maximum pain". 5% Lidocaine medicated plaster (LMP) is a topical peripheral noninvasive analgesic approved (FDA) as the first line of medication for treating allodynia generated by post-herpetic nevralgia; LMP has recommended as the first line of treatment for localized peripheral NP in USA, Europe, and Latin America. According to recent reports, LMP is an effective, safe and comfortable therapeutic option in patients with localized peripheral NP secondary to traumatic neuropathies.

Objectives: 1) to evaluate the efficacy of LMP in localized peripheral NP secondary to post-burn plastic surgery; 2) to confirm safety, tolerability and absence of side effects in a short term treatment in adults.

Material and Methods

In a prospective study we enrolled consecutive patients with painful post-burn scars and localized NP treated with 5% Lidocaine medicated plaster-Versatis®.

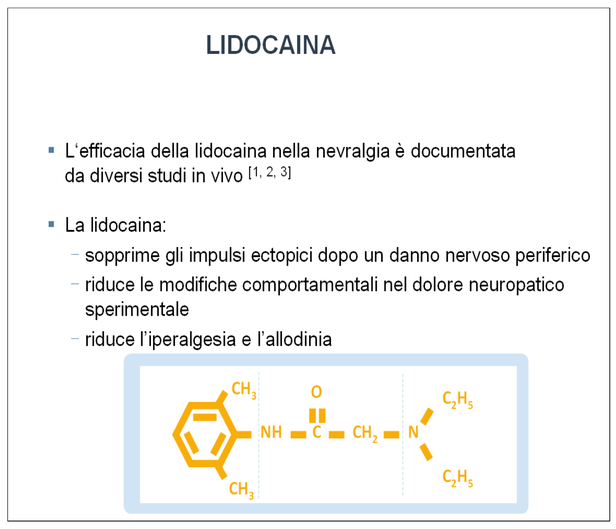
Demographic variables, the size of painful area and pain intensity (VAS) were recorded. The possible neuropathic origin of this pain was defined on the basis of a DN4 questionnaire score ≥4. Inclusion criteria: age 18-75 years; DN4≥4; VAS≥4; localized peripheral pain (painful area <70 cm2). Exclusion Criteria: polyneuropathy, major depressive disorders, treatment with other analgesic drugs. The mean duration of pain before starting treatment with LMP was calculated. NRS was measured before starting treatment (T0), after 1(T1) and 3 (T2) months. VAS at T0 and T2, PGIC and functional recovery at T2 were performed to evaluate the efficacy of the treatment. Pain reduction ≥50%, percentage of functional recovery and of PGIC≤2 was calculated at T2 to evaluate the efficacy.

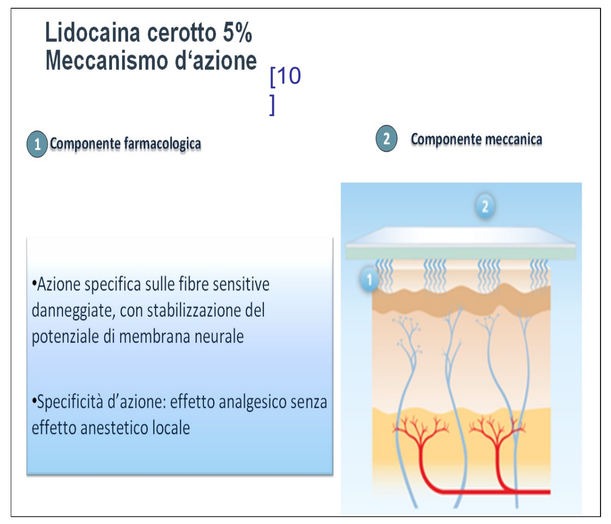
Results

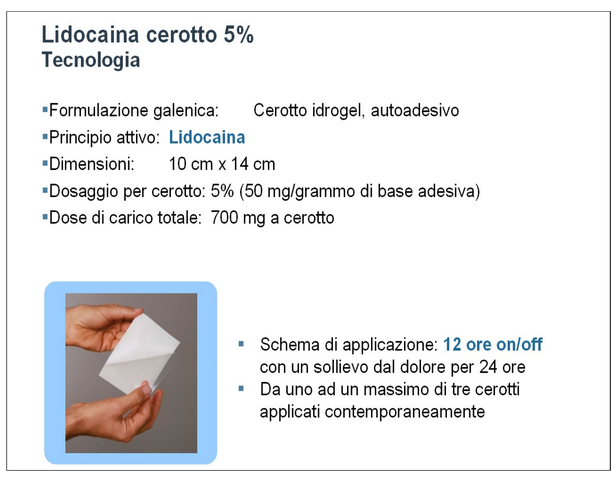
Twenty patients were included (8 males, 12 females; age 32-65, mean 52.4 ± 9.6 SD). Localized neuropathic pain affected upper (15 patients) and lower (5 patients) limbs. The mean duration of pain before starting treatment with LMP was 3.6-15.0 months; DN4 score was 6.8±1.2. 13/20 (65%) patients used LMP as monotherapy. Functional recovery after treatment was observed in 14/20 (70%) patients; pain and painful area reduction respectively in 75% (15/20) and in 90% (18/20). None of the patients reported adverse local or systemic reactions to the use of LMP.

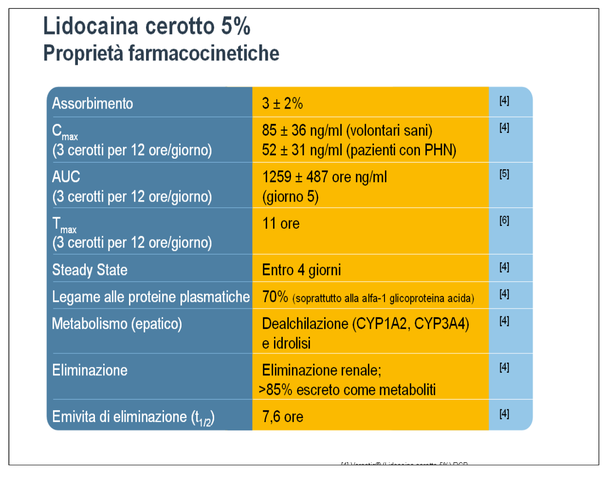
Conclusions

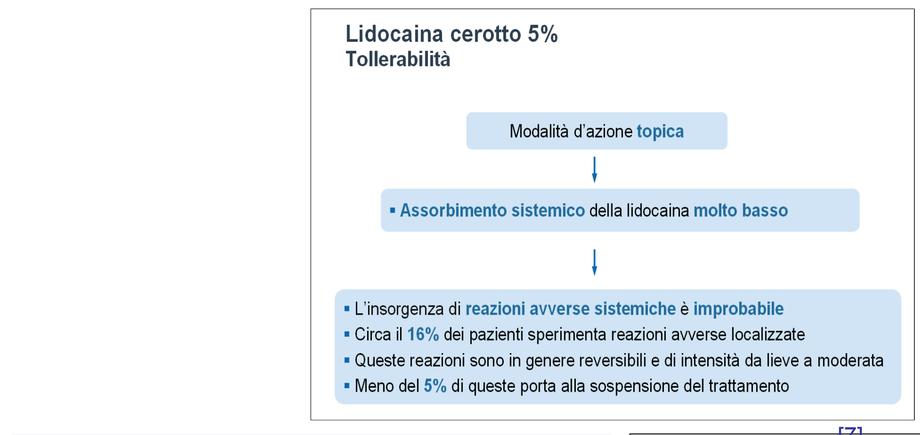
This study suggests LMP-Versatis® efficacy in short term treatment of localized peripheral NP secondary to post-burn plastic surgery, reducing both pain intensity and size of the painful area; moreover, our results would confirm safety, tolerability and absence of side effects.

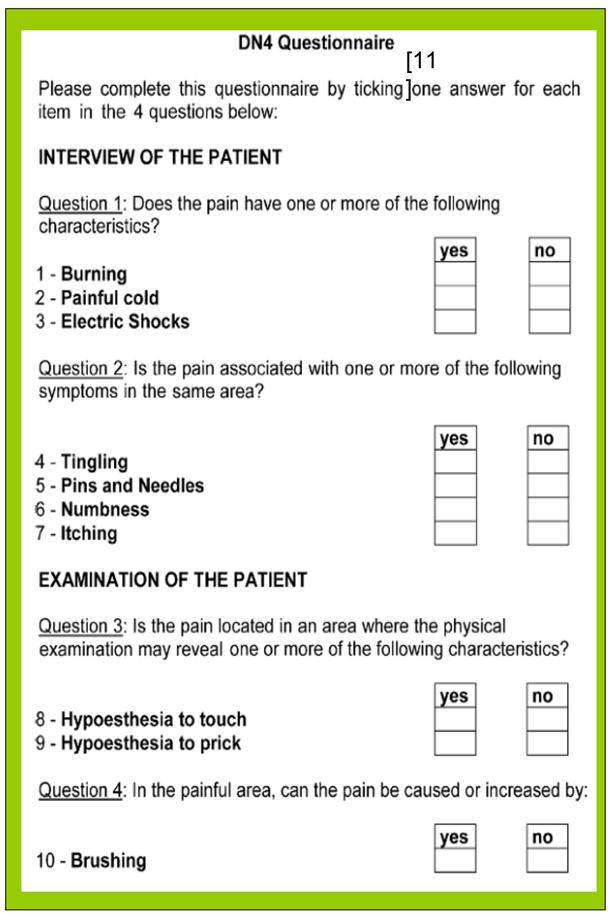


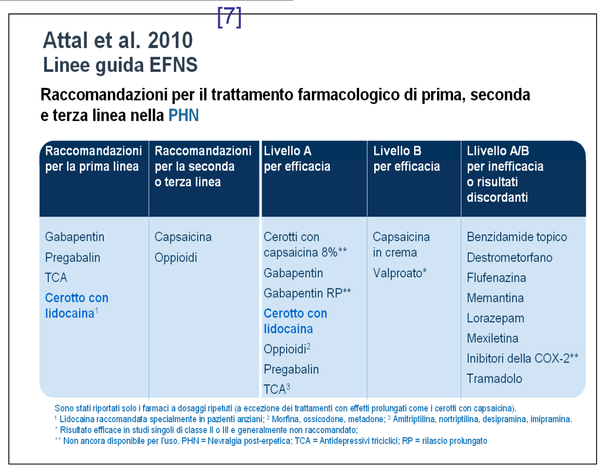


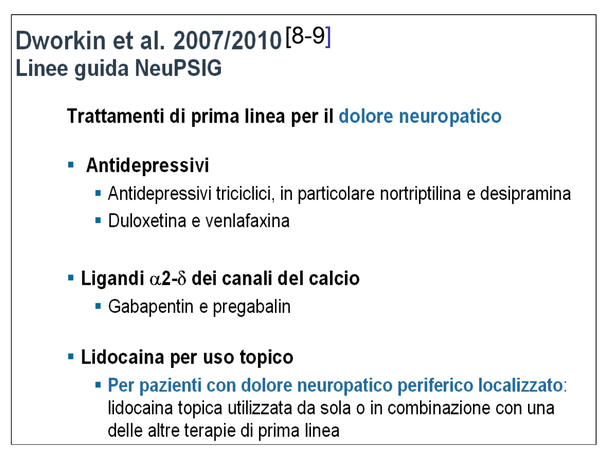


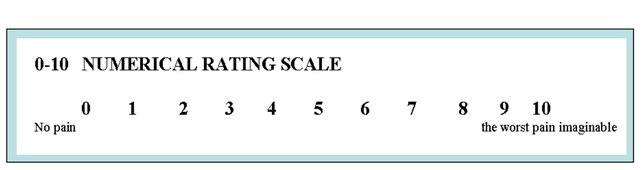












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