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Active scars in clinical presentation of postoperative persistent syndrome (Failed back surgery syndrome)

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Abstract

Objective. To assess the role of postoperative scar trigger zones in patients with postoperative persistent syndrome (POPS), effec-tiveness of lidocaine/prilocaine cream and manual treatment methods. Material and methods. Three groups of patients were examined and treated: 1) «early POPS» (e-POPS, n=23), pain after surgery decreased, but continued to significantly disturb the patient; 2) «middle POPS» (m-POPS, n=42), complete regression of pain af-ter surgery with subsequent recurrence within 6—12 months; 3) «late POPS» (l-POPS, n=31) — pain relapse occurred later than 12 months after surgery. Examination included manual diagnosis of skin and soft tissue thresholds within the scar area, tensoalgom-etry with a 1 mm2 nozzle. Treatment included 2 stages: 1) lidocaine/prilocaine cream application on postoperative scar for 2 hours daily for 5 days; 2) manual therapy with soft tissue stretching and pressure. Results. All patients showed a decrease in physiological barrier of skin and soft tissues around the scar by 5—10 mm. Tensoal-gometry revealed scar trigger zones (STZ) in all patients of the e-POPS group with reproduction (complete or partial) of typical pain pattern. The same STZs were found in all patients of other subgroups, but pain pattern reproduction was found in a smaller number of patients (m-POPS subgroup — 13 out of 42, l-POPS subgroup — 2 out of 31). Tensoalgometry data (kg/cm2): e-POPS before treatment — 21.2±12.5, after the first stage of treatment — 64.3±19.5 (p=0.00045), after the second stage of treatment — 87.6±13.5 (p=0.0054); m-POPS before treatment — 51.5±23.2, after the first stage of treatment — 71.5±31.7 (p=0.0054), after the second stage of treatment — 91.4±34.9 (p=0.0043); l-POPS before treatment — 61.3±33.6, after the first stage of treatment — 81.7±41.7 (p=0.035), after the second stage of treatment — 88.7±42.5 (p>0.05). Conclusion. Lidocaine/prilocaine cream showed a good analgesic effect for 4 hours in all patients. Manual therapy also significantly increased pain thresholds, except for the l-POPS group. These patients had a significant effect after lidocaine/prilocaine cream application. The authors recommend lidocaine/prilocaine cream in addition to conventional manual therapy for the treatment of active scars. This cream is characterized by high efficacy, safety and good tolerance.

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Keywords

Active scars, EMLA, Failed back surgery syndrome, Lidocaine/prilocaine, postoperative persistent syndrome

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