



Introduction

Phantom limb pain is any pain phenomenon that is felt at an absent limb or a portion of the limb. Sensations that result from this condition are extremely painful and disabling. Studies demonstrate the efficacy of treatment with botulinum toxin for certain complicated pain syndromes.

Case Report

We performed botulinum toxin injections in 3 upper limb amputee patients with severe phantom pain. All patients were followed for a minimum of 6 months in the Santa Casa de Sao Paulo Rehabilitation Center. They presented with severe stump neuropathic pain and phantom pain almost daily.

The first patient presented with pain all over the hand, the second in the fingers, and the third in the dorsal wrist. This patient scored 86 mm in the Visual Analogic Scale (VAS) for pain at rest and 95 mm during critical episodes. A second patient scored 78 mm at rest and 94 mm during critical episodes, and a third patient scored 87 mm at rest and 98 mm during pain crisis.

All patients were included in a physiotherapy and occupational therapy program, combined with neuropathic pain drug therapy. Despite these treatments, patients still demonstrated high pain scores. As a result of these treatment failures, botulinum toxin was tried because of its analgesic effect in neuropathic pain. Intradermal incobotulinumtoxinA (Xeomin®) was applied at both the painful stump area and ghost pain stump trigger points. IncobotulinumtoxinA was applied in doses of 5 U per point, every 2 cm of surface area, for a total amount of 80 U (Figs. 1-4).

Patients were followed for 15 and 90 days after the procedure. VAS results are reported below:

Patient 1: 15 days: 32 mm/90 days: 0 mm

Patient 2: 15 and 90 days: 0 mm

Patient 3: 15 days: 34 mm/90 days: 31 mm

Figures



CONCLUSIONS

Botulinum toxin can be considered useful in both amputee neuropathic pain and phantom pain.

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