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REFERENCES


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Value of Spinal Block in Central Pain

To the Editor:—The recent report by Crisologo et al. concluded that the value of spinal block in making the diagnosis of central pain is questionable. This conclusion is not warranted, although the authors are correct to the extent that the interpretation of the effect of spinal blocks may be difficult. The use of spinal block to aid in the diagnosis of central of psychogenic pain is still useful in the absence of a positive response (relief of pain). However, a positive response including “cure” may still be entirely consistent with a central pain diagnosis. Whenever lidocaine (or any local anesthetic) is used, any conclusion made from a positive response must be made cautiously, since systemic absorption can cause pain relief in a wide variety of painful disorders.* In order to definitely conclude that the effects of the injection are due to the local effects of the block, one would need to compare the results to the results obtained after systemic injection (with equivalent serum lidocaine concentrations) without noticeable nerve block. Such a test is impossible to perform in a patient who remains improved after spinal block; in this instance the test is really a moot point.

In addition, the cases cited that did have a positive response could very well have had a peripherally mediated, sympathetic maintained pain syndrome since these have been described after strokes.  

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