

Pain Management Case Presentation



**SAMYADEV DATTA, MD, FRCA
CENTER FOR PAIN MANAGEMENT,
HACKENSACK, NJ, 07601**

Case 1



- JC. 74 male
- More than 10 years of pain
- Idiopathic peripheral neuropathy
- On various medications including fentanyl patch, oxycodone
- Slow transition over to LDN
- Very pleased even though VAS is about 6/10
- Further inquiry indicates shoulder pain and cervical spondylosis cause of high pain score
- Occasional break through pain. Managed with celecoxib and cervical median branch block

Case 2



- LT,51 female
- More than 25 years of pain
- Due to wide spread CRPS
- Various treatments including medications, SCS in multiple areas, IT pump, ketamine infusions
- Transitioned to LDN with some difficulty.
- Has had many admissions since LDN started and needed post operative pain management, but has been able to get back to LDN with continued success
- Family very happy that she is not on any pain medications. Recently lost sister to drug overdose

Case 3



- ER 51 Female,
- Attorney, Student of theology. Changed profession as unable to practice law
- Severe pain in right arm, severe limitation of ROM
- Tried multiple modalities
- Referred for ketamine infusion
- Started LDN instead.
- Has minimal pain and very significant improvement of function. No side effects of medications
- Very grateful. Very significant change in personality

Case 4



- LT, 51 female
- Severe pain in left foot from injury
- More than 10 years in pain, tried multiple medications, interventions.
- Switched over to LDN
- Dramatic response to start. Complete resolution of 20 year headache.
- Response not sustained. Needed higher dose of LDN
- Severe stress due to social issues. In the process of divorce.
- Has been able to continue to work, but finds being a Mother can be very demanding. Have offered ketamine infusion. Unable to manage logistically

Case 5.



- MN, 60 male
- Engineer, senior VP at hospital. On disability
- Post laminectomy pain syndrome with severe CRPS of left leg. History of multiple back surgeries
- Multiple modalities including SCS, IT pump. Took hydromorphone up to 24mgs at one time with no help
- Started LDN. Very good response.
- IT pump removed
- No opioids at present.
- Wife reports 'He is back'. Wife wanted to kiss me

Case 6



- BM, 74 male
- Central pain syndrome, post laminectomy pain syndrome. Pain related to both etiology. On moderate doses of opioids and other adjuvants
- Difficult to control pain. Significant side effects of medications
- Switched over to LDN. Raised dose up to 6mgs daily. Oral ketamine for breakthrough
- Very poor outcome and inadequate pain control. Family and patient very upset.
- Back to opioids and still poor control with side effects
- Bad choice of patient and perhaps too optimistic about outcome

Case 7



- WB. 58 male
- Biomedical engineer
- Progressive peripheral neuropathy
- On small doses of methadone
- Causing cognitive side effects but controlling pain
- Works in medical device industry and needs to function at high level 100% of time.
- Switched over to LDN. Very good results. Patient had sustained levels of energy
- Had anxiety attack with LDN, but reported complete resolution of pain. At 1.5mgs felt the medication was too strong.
- Back to methadone. Recent progression of neuropathy.
- Wants to try LDN later when time permits. Plan to start at lower dose of LDN

Case 8



- SW.56 female
- History of multiple foot surgery and CRPS
- Referred for ketamine infusion. On morphine 300mgs/day
- Switched over to LDN and oral ketamine. Very good response.
- Developed gastritis. Switched over to topical paste of LDN. Continued good results. Oral ketamine causing side effects
- Developed Candidiasis. Even at 1.5mgs/day. Stopped LDN and resolved. Tried LDN 3 more times. Same results. No known immune issues with patient.
- Does not want any opioids. Coping with pain