

*F Birklein et al. Pain. October (2001) Vol.94 #1 p 1.*

A review of chronic regional pain syndrome (CRPS), also known as causalgia or reflex sympathetic dystrophy.

Links with Diffuse RSI are hypothetical. One argument is that both involve the dysfunction of the sympathetic nervous system. Cases of CRPS are often associated with direct nerve injury, so the argument goes that DRSI could also be caused by nerve injury.

Signs of CRPS are cited as; mechanical hyperalgesia, skin colour/temperature changes, sudomotor abnormalities/ edema, motor (tremor) or trophic (change of hair growth, skin ulcers) symptoms.

The review then describes diagnosis, pathogenesis, predisposition and therapy with varying degrees of success.

Motor and trophic changes are probably the most specific signs.

Treatment should start ASAP to avoid irreversible damage. So, although rare, treatment will tend to assume the worst if signs are found. Treatments suggested here are all chemical (e.g. sympathetic block). Physiotherapy and maintaining normal daily activity are not studied (according to this review), but given the possible aetiological mechanisms the author suggests that any cause of pain may make it worse and therefore activity should be avoided.

#### Comment

The distinction between CRPS I and CRPS II is, a history of nerve lesion. But can you be certain that there has been no nerve damage?

Similarities between DRSI and CRPS are in the hypothetical aetiology (after nerve injury) and symptoms/signs.

Recommendations for treatment are very different. DRSI cases are advised to return to normal daily activities as part of their recovery process. The review of CRPS tends to emphasise chemical interventions and the avoidance of any pain stimuli. Such an approach would seem to us to encourage dependence on medical interventions and give rise to learned disability.

