Analg Resusc: Curr Res 2015, 4:3
http://dx.doi.org/10.4172/2324-903X.C1.003

OMICS International
conferenceseries.com SciTechnol

International Conference and Exhibition on
Pain Medicine

June 08-10, 2015 Chicago, USA

Challenges in the treatment of pain in pediatric oncology patients

Farid Abolhasan Gharehdaghi
Mahak's Pediatric Cancer Treatment and Research Center, Iran

Medical treatment of children, in turn, has certain complexities and subtleties. With regard to this, the treatment of pain, particularly in children suffering from cancer, has its own complexities and difficulties. Except for the accuracy of the diagnosis and control of all types of cancer pain effectively, we must overcome many obstacles, which are a barrier to adequate pain control. Among the barriers that we encounter, three of them are more common: 1) Physician-related barriers, 2) Patient-related barriers, and 3) Social-related barriers. Unfortunately, physician reluctance to consultation with pain department is a major barrier, and this issue of lack of knowledge about the harmful effects of the pain and unfamiliarity with new protocol for treatment of cancer painis a major drawback for the patient's and his family's life. So, each cancer center requires a pain department, pain management specialist and a multi-disciplinary center for accurate scientific research and treatment of cancer pain. Perhaps for some patients, the traditional WHO's three-step analgesic scale is appropriate for cancer pain relief, However, given the progress that has been made in the field of interventional pain medicine, needs to be reviewed on the treatment ladder. Every physician who works in the field of cancer should be familiar with the some important terms in cancer pain such as: Breakthrough, incidental, neuropathic, nociceptive, and mixed pain and pain genetic. Also for adequate control of cancer pain, all the aspects of treatment such as anatomic, pathologic, physiologic, pharmacologic, pharmaco-genetic, cultural, social, economic, spiritual and personalized pain Medicine should be considered.

farid_gharehadghi@Yahoo.com

Repeated depot steroid injections at the site of nerve injury in CRPS II

Asif G Kayani and **Zeeshan A Kayani**
Combined Military Hospital Rawalpindi, Pakistan

Complex Regional Pain Syndrome (CRPS) is one of the most painful, disabling and difficult to treat neuropathic conditions. The triggering factor is trauma and the clinical response is indistinguishable whether it is the type I or II. Type I (previous RSD) does not apparently involve a major nerve injury whereas in the type II CRPS (previous Causalgia) there is a well defined major nerve injury. The diagnostic criteria have been defined by the International Association for Study of Pain (IASP). Treatment approach is multidisciplinary and options include medications as anticonvulsants, antidepressants, bisphosphonates, COX-inhibitors, soral steroids, N-methyl-D-aspartate receptor antagonists like Ketamine, intravenous lidocaine. Interventional techniques such as sympathetic nerve and plexus blocks, local anesthetic blocks, central neuraxial blocks and spinal cord stimulation have been employed. Physical medicine and psychotherapeutic approaches help the patient in modifying response to pain and performing limited routine activities. This galaxy of treatment options highlights the inadequacy of relief achieved in most of the cases, at times amputations have been done to get rid of the painful limb. In our centre we regularly use repeated depot steroid injections, triamcinolone, in combination with local anaestheticsat the site of nerve injury in CRPS II in addition to medication and physical therapy with good results. Experience in initial cases of prospective study comparing triamcinolone/LA combination with LA injection alone will be discussed during this presentation. On review of literature no study is yet available discussing steroid injections at injury site for nerve blocks in CRPS.

asifk57@gmail.com