



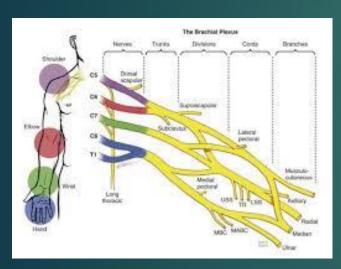
## Peripheral Nerve Stimulation for the Treatment of Parsonage-Turner Syndrome: A Report of Two Cases

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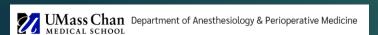
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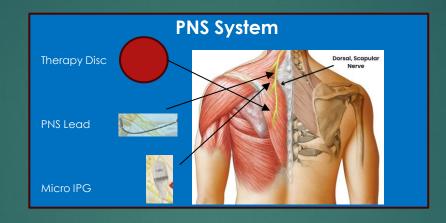
## Introduction

- Parsonage-Turner syndrome (PTS) is a rare neuromuscular condition (prevalence ~1/100,000)
  - PTS presents as sudden-onset pain and neurological symptoms of the brachial plexus



- Current standard-of-care is pharmaceutical (analgesia, muscle relaxation, steroid therapy)
- Peripheral nerve stimulation (PNS) is an emerging modality for neurogenic pain and functional deficiency



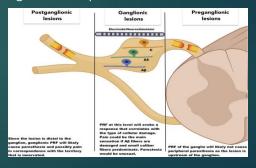


## **Case Characteristics**

Case 1	Case 2
45 y.o. F	65 y.o. M
No significant PMH	Cervical spinal stenosis, total hip/knee arthroplasty
Cyclobenzaprine, anti- migraine therapies, Botox	Acetaminophen, tizanidine, cyclobenzaprine
C5, dorsal scapular nerve blocks	C5, dorsal scapular nerve blocks
Successful 1-week PNS trial	Successful 1-week PNS trial
Sustained pain relief (to present day)	Lack of efficacy, return to nerve block regimen

## **Discussion**

- Even with 2 very similar clinical presentations of PTS, **variable efficacy** of PNS for long-term management
- Highlights:
  - Multifactorial nature of both neurogenic pain syndromes and of neuromodulation as a therapy
  - Presence of "unknown" confounders of therapeutic efficacy of PNS (e.g. cervical radiculopathy)
- Opens door for further investigation into:
  - Impact of lesion location (pre- vs. post DRG) on PNS efficacy
  - Mechanism of action of neurostimulation, especially PNS (retrograde vs. anterograde stimulation, advantages of both)



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