SUCCESSFUL OCCIPITAL NERVE STIMULATION AFTER C2 AND C3 NEURECTOMY
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Introduction: Occipital Nerve Stimulation has been proven as a useful technique for intractable occipital neuralgia as well as many other primary headache disorders. Our report describes a patient who underwent cervical C2 and C3 neurectomy with recurrence of headache treated successfully with occipital nerve stimulation.

Case Presentation: We describe the case of a 45-year-old female with a history of occipital headaches. Failing conservative treatment, she ultimately underwent cervical laminectomy, C1, C2, and C3 and section of the posterior roots of C2 and C3. She had almost no pain for 10 years at which point she had recurrence of pain in the left occipital area. CT scans and MRI of the brain and cervical spine were normal other than evidence of the cervical laminectomy (Figure 1). She was refractory to trial of antineuralgic and opioids medications, repeat nerve blocks and not a candidate for any further corrective or destructive surgery. She underwent implantation of Octad® electrodes overlying her area of maximal discomfort (Figure 2) with a Restore Ultra® battery in the left infraclavicular area. At 4 month follow up she reports sustained 85-90% improvement of her pain.

Discussion: This case serves to outline the utility of neuromodulation in a patient who underwent C2 and C3 neurectomy and had recurrence of pain despite neurodestruction of the most significant nerve supply to the occipital and sub-occipital region.

Bibliography: