

REHABILITATION OF PHANTOM PAIN

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It is well established that phantom pain after leg or arm amputation occurs frequently up to 80%. But it is found not only after limb amputation but also after loss of organs like eye, tongue, breast or tooth, after spinal cord and peripheral nerve injury. The reason behind phantom pain consists of cortical perception of the amputated or damaged organ. There is some relationship to complex regional pain syndrome. The characterization of pain quality varies from pinching to aching, burning and a good many other subjective lively pictographic descriptions. Embarrassing movements, sometimes supernumerary phantom limbs are also described indeed.

In the meantime some risk factors are well known like immediate amputation precedent pain, gender, some psychological factors and many others. A multitude of treatments are attempted during past aiming modulation of peripheral afferent pathways, central afferent pathways in the spinal cord and brain and not at least efferent pathways in the sympathetic system. For these pharmacologic, partial invasive and psychological measurements are applied.