CO44-004-e
Ziconotide intrathecal treatment, long-term experience

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Keywords: Chronic pain; Intrathecal treatment; Ziconotide; Long-term

Introduction.– Intrathecal ziconotide has shown effectiveness in chronic pain treatment. We studied its long-term tolerance and efficiency.

Patient.– Thirty-nine patients have been treated with a continuous intrathecal infusion of ziconotide, 16 female and 23 male, average age 58 years old [36; 79]. Twenty-four had chronic lumboradicular pains, 9 had cancer related pain (among them 4 were at a palliative stage), 4 spine injuries, 1 cerebral palsy and 1 peripheral nervous lesions. Eleven received ziconotide only, 15 an association of ziconotide and morphine, 6 a tritherapy associating ziconotide, morphine and ropivacaine and 7 had ziconotide, morphine and baclofene.

Results.– The average follow-up was 18.5 months [5; 48], 14/39 (36%) were treated for more than 24 months. The average decrease of pain intensity was equal to 31 mm on visual analog pain scale, from 68 to 37 after ziconotide introduction. Average ziconotide posologies were 3.1 μg per day [0.5; 6.5]. Seventeen (44%) out of 39 patients suffered from side effects, treatment had to be stopped for 13/39 (33%) with a full recovery after treatment interruption. Most of the side effects occurred during the first semester of our experience of ziconotide use due to a quick posology increase. The commonest side effects were: nausea, dizziness, ataxia, visual and/or auditory hallucination. No treatment failure has been noticed for our 4 years of practice.

Conclusion.– Intrathecal ziconotide is still quite efficient and well tolerated even after 4 years of continuous administration. There is no complication if the posology is inferior to 4 μg per day. For cancer related pains, ziconotide has to be introduced as early as possible, for long survivors it remains efficient (more than 40 months in our population). Multiple associations are possible and efficient even if ziconotide stability has to be studied in these conditions.

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CO44-005-e
Value of neuro-orthopedic surgery in the management of the spastic lower limb in adults: A retrospective study of 28 patients

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CO44-003-e
Motor cortex stimulation and neuropathy pain. Which indication for which results? Experience from Reims

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Keywords: Cortical stimulation; Neuropathic pain

Introduction.– Consequence of nerve and central nervous system lesion, treatment of neuropathic pain is difficult. Only a third of patients has a benefit of medication (anti-epileptic or antidepression treatment). Cortical stimulation treatment of neuropathic pain is difficult. Only a third of patients has a benefit of medication (anti-epileptic or antidepression treatment). Cortical stimulation results are satisfactory, specially in long term. But medullar lesions are more disappointing, but cortex stimulation is still the last possibility of treatment.

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