LE SYNDROME THALAMIQUE? A POSSIBLE CASE OF CENTRAL POST-STROKE PAIN ASSOCIATED WITH PURE SENSORY LACUNAR INFARCT.
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Introduction: Central post-stroke pain (CPSP) is an apparently under-recognized but fairly common disorder. A recent review in The Lancet Neurology cites a prevalence of 18% in one study among stroke patients with sensory deficits and 8% among all stroke patients; other studies quote prevalences ranging from 1 to 12%. Once known as “Le syndrome thalamique” as described by Déjerine and Roussy in 1905, and then by the eponym the Déjerine and Roussy Syndrome, central post-stroke pain is the term that is now used to describe a neuropathic pain syndrome related to thalamic or other CNS lesions secondary to stroke. Major diagnostic criteria require the presence of pain, history suggestive of stroke, imagining showing a suggestive lesion, and the exclusion of other possible causes of pain. Supportive criteria include characteristics suggestive of neuropathic pain such as burning, pins and needles, also painful cold, electric shocks, aching, pressing, and stinging along with allodynia and dysasthesia to touch or cold. Further, there should not be a relationship between the pain and tissue damages, inflammation or movement. My patient is a middle age gentleman with a history of small vessel ischemic disease, HTN, rheumatoid arthritis, and renal insufficiency who sustained a pure sensory stroke in 2008 and has had residual sensory symptoms since that time. His symptoms have been exacerbated by recent consecutive hip replacement surgeries; subsequent brain imaging has showed both old and subacute lesions ischemic lesions. His pain responds to oral opioids, but he is concerned about being on opioids chronically. His case raised several clinical questions including etiology, prognosis and treatment of his pain.

Methods: Patient was seen in clinic in follow-up for chronic medical issues on a regular basis. He has been sent for MRI/MRA of the brain and has been referred to neurology. A review of the literature was conducted on PubMed using the terms Thalamic syndrome, Déjerine and Roussy Syndrome, Central post-stroke pain. Non English language articles were excluded and only abstracts were reviewed if full text was not available.

Results: The poster will discuss the patients history and physical exam, as well as his imaging studies, the initial CT and the more recent MRA and MRI. This will be discussed in the context of a possible diagnosis of Central post-stroke pain along with a brief review of the literature available. GB presented for follow-up of chronic medical issues with a chief complaint of dysasthesias in right thigh and knee which predated, but seem to have been exacerbated by recent right hip replacement surgery. He reported the pain as becoming increasingly bothersome. The distribution of the sensation disturbance and the history of hip surgery initially raised the possibility of meralgia paresthetica but the patient was very clear that the disturbance predated his surgery and in fact had been present since his stroke, though they had worsened after his right hip surgery. Interestingly, the patient subsequently underwent left hip replacement surgery and had a further worsening of the right sided symptoms and the emergence of similar, but less bothersome dysasthesias on the left side. Recent MRA imaging revealed old left sided thalamic lacunar infarct along with old bilateral basal ganglia lesions and subacute lesions in the left caudate along with scattered small vessel ischemic changes and bilateral mid pontine infarctions. MRA revealed questionable tiny aneurysm of proximal basilar artery. He was started on gabapentin and referred to neurology for further evaluation.