



UNIVERSITY ORTHOPAEDIC CENTER, PA
RAPHAEL S. F. LONGOBARDI, MD, FAAOS

REFLEX SYMPATHETIC DYSTROPHY

The following is designed to present an overview of Reflex Sympathetic Dystrophy so that you may better understand what it means.

This is a rare disorder that affects the sympathetic nervous system. These are small nerves which control the size of blood vessels and the sweat glands, among other things. These are somewhat different from the larger nerves that go to your muscles and supply sensation to the skin. Exactly what happens to cause this disorder is not exactly known in all cases. The inciting or causative event is always an injury (sometimes trivial) or surgery, major or minor. The sympathetic nerves mentioned above then begin to function in an abnormal way.

What then happens is that you develop pain out of proportion to what would be expected from the injury or surgery. This pain usually occurs at or near the site of the injury or surgery, but can radiate away from the site and sometimes involves the whole limb. It is often described as an aching, burning pain that occurs with weight bearing or use, and also is bothersome at night. There is often hypersensitivity and swelling. Sometimes the skin is hot (or cold), bluish, reddish, or sweaty. These symptoms make it difficult to use the extremity and to rehabilitate it, which in turn makes the process even worse. Fortunately, very few patients have all the symptoms in their worst form. However, even in its more minor forms, it is extremely frustrating and disabling. The diagnosis of this condition can be made with the help of a triple-phase bone scan; this scan will be scheduled once the presumption of this diagnosis is made.

Once the diagnosis has been made, treatment is important. In more minor cases, it might respond to an understanding of the problem and continued effort to use and rehabilitate the extremity. Pain medications are of little or no value in the treatment of this disorder. If the symptoms are more than minor and/or do not respond to the above, then more aggressive treatment is usually necessary. The most effective treatment is to temporarily block the function of the sympathetic nerves to the involved extremity. That is done by injection of a local anesthetic into the back if the involved extremity is a leg, or the neck if the involved extremity is an arm. This is done by an anesthesia doctor (anesthesiologist) in the hospital, usually as an outpatient. Sometimes several blocks are necessary to get the disorder under control. This treatment is effective in most cases, or at least relieves the symptoms enough to allow resumption of normal use and rehabilitation, and then it eventually clears up. Relapses can occur. Cases that do not respond to the above will need admission to the hospital, consultation with medical doctors, and perhaps the use of other drugs and more sympathetic blocks.

I regret that this has happened, but most can be treated as outlined. Your understanding of the disorder is important in the treatment. At this time, there is no way to predict who will be affected by this disorder, and therefore, no way to prevent it.



The information contained in this patient education packet is intended to help you and your families/caretakers better understand a particular diagnosis and/or the treatment options available. If you have any questions after reading this, please don't hesitate to contact Dr. Longobardi's office at 201.343.1717 for a further explanation or you can also go to www.universityorthopaedic.com and click on Patient Education to gather more information. Thank you.