

**NEUROLOGY**

PATIENT NAME: SHORE, LISA  
MEDICAL RECORD# 126-17-43  
DATE OF BIRTH: 11/20/87  
DATE OF VISIT: 10/04/98

ATTENDING: Robert Rust, MD

Dear Dr. Wilder:

We had the opportunity of seeing your patient, Lisa, for a consultation in the Neurology Clinic regarding a suspicion of reflex-sympathetic dystrophy.

Lisa is an 11-year-old girl who was previously healthy and suffered a spiral fracture of the tibia in the right leg in February 1998.

She had to be casted, then had to be recasted two times because of swelling and pain. Two weeks after her fracture, she started experiencing severe shooting pains in her right leg and was admitted to Sick Children's Hospital in Toronto for 10 days. She was treated with morphine without any effect and finally responded to treatment by epidural block. She was discharged home where she accidentally hit her leg and started again having the same shooting pain. She was readmitted to the hospital where a treatment with Neurontin 600 mg/day and 10 mg/day of amitriptyline was started. After 2 weeks of this treatment, the parents noticed a noticeable improvement. She came then to the Pain Treatment Clinic in Boston to try to improve the treatment. Here she was diagnosed with a suspicion of reflex-sympathetic dystrophy. She was treated with Neurontin and amitriptyline with a progressive increase to 1200 mg/day of Neurontin and 75 mg/day of amitriptyline. With these treatments, she was able to go back to school, to walk and run, and was even able to go to camp this summer.

A trial to increase the Neurontin to 1800 mg/day made the pain come back and the medication had to be decreased again to 1200 mg/day and then stabilized around 1400 mg/day. With that regimen, she stated she still had constant pain sensation but was able to go to school and even to do a walk of 5 miles 1 week ago. The next day, the mother took her for the first time to acupuncture treatment and, 2 days after this treatment, Lisa started again experiencing severe shooting pain in her leg.

She came back in emergency to the Pain Control Clinic in Boston where they tried to treat her with an epidural block which had an effect only during one hour. Her amitriptyline was increased last night to 100 mg and her Neurontin is now still at the 1400 mg/day. The day before the consultation with us, she was started on Tegretol 100 mg b.i.d. with a progressive increase planned to 200 mg b.i.d.

The mother describes that prior to her first improvement, she had swelling, hyperesthesia, purple color, and increased hair growth in her right leg. Now there is no more any of these signs.

The consultation in the Neurology Clinic is motivated by the fact that, for the first time, Lisa experiences two areas where she does not have hyperesthesia although she still has her shooting pain in the rest of her leg, and we were asked to rule out another neurologic problem than the reflex-sympathetic dystrophy.

Past Medical History: Appendectomy 1 year ago. No other illness. She always had a normal development.

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Family History: Lisa has two younger brothers who are in perfect health. Her mother and her father have occasional headaches which does not have the features of migraines. Her maternal grandmother had migraines.

Medications: Neurontin 400 mg in the morning, 400 mg at noon, and 600 mg in the evening. Amitriptyline 75 mg per day. Tegretol 100 mg b.i.d.

Clinical Examination: Head circumference 55 cm, normal general examination. Heart rate 84 during one of her severe pains. Blood pressure 118/84 sitting and 118/81 lying during one her severe pain episodes. Patient in severe distress, experiencing intermittent pain. Cranial nerves: full extraocular movements, pupils equal and reactive to light. Fundi sharp. No facial asymmetry. Motor exam: strength and tone normal and symmetric in the two arms and the right leg. Strength not tested in the right leg. Deep tendon reflexes normal and symmetric, 2+ throughout. Toes are downgoing. Sensory exam: increase in cold and vibration sensations in the whole right leg below the knee. Hyperesthesia in the whole right leg below the knee except 2 areas of 1 X 3 cm in the upper and lower extremities of the anterior face of the tibia. Position sense not tested. There is no swelling or difference in color between the two legs. The hyperesthesia varies if the patient is distracted. There is no change in blood pressure or heart rate during the severe pain episodes.

In summary, Lisa is an 11-year-old girl who experienced symptoms likely to be reflex-sympathetic dystrophy during the spring of 1998 after a spiral fracture of the tibia in February 1998. She seems to have been relieved by a treatment with epidural block. She then responded very well to a treatment with Neurontin and amitriptyline. She recently complains again of the severe shooting pain without having any of the other symptoms of reflex-sympathetic dystrophy (swelling, change of coloration). Her neurologic exam shows distribution which is not anatomic for her sensory disturbances, even for the pathology of reflex-sympathetic dystrophy. The area of lack of hyperesthesia are not anatomic and the rest of the clinical exam does not reflect the pain that she seems to experience (no change in blood pressure or heart rate or pupillary dilation during these episodes). We have the impression that these reoccurrences of the pain seems most likely to be due to conversion symptoms and we think that she would benefit of multidisciplinary approach to her problems including counseling.

Lisa will go back to Toronto but will still be followed by the Pain Control Clinic. There is no need for further neurologic follow-up unless there is any worsening in the symptoms.

Thank you for allowing us to participate in Lisa's care. Please do not hesitate to call us with any concern or questions.

Sincerely,

Caroline Menache, M.D. Resident in Neurology

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Robert Rust, M.D. Attending in Neurology

CC: Robert Wilder, M.D.  
Pain Control Clinic  
Children's Hospital

Authenticated by the electronic signature of  
Robert Rust, MD on 10/14/98

ORIGINATED BY: Caroline Menache  
DATE ORIGINATED: 10/04/98