Trigger point injection: a simple diagnostic and therapeutic procedure for pediatric chronic abdominal pain
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ABSTRACT

Introduction: Chronic abdominal pain is common in children, occurring in 9 to 15% of all children. Identifying the etiology and appropriate treatment can pose a clinical challenge.

Case description: 15 year old female with a three year history of chronic abdominal/pelvic pain worst during menses presents with worsening abdominal pain. Her pain began at the age of 12, with intermittent pain associated with her menstrual cycles. Since then her pain has increased in frequency and intensity. She has been extensively evaluated by gastroenterology with endoscopies; gynecology with diagnostic laparoscopy; and treated with physical therapy including pelvic manipulation methods. Despite extensive diagnostic testing and procedures, no clear cause for her abdominal pain had been identified. The pain is described as a sharp pressure with an average pain score of 4/10, with episodic increases to 8/10. She reports that the pain is debilitating, interfering with activities of daily living. In the clinic she presented with considerable pain, tearfulness and with voluntary guarding. She has been prescribed a gluten free diet, tramadol 50mg several times daily and oxycodone 5mg for severe breakthrough pain which were used weekly. Her pain was localized to a focal point at the lower, midline abdomen. Despite the above therapy, she continued to have suboptimal pain relief. On exam the pain was reproducible with focal palpation at the lower midline abdomen.

The patient was consented for trigger point injection into the abdominal wall using 3ml of 1% lidocaine with a 27G needle. She tolerated the procedure well. Over the next several months, she received monthly trigger point injections. Since starting this therapy, her baseline pain score has decreased to 1-2/10 with fewer episodes of escalated pain and a decrease in the peak pain intensity to 5/10. Her medication usage of tramadol and oxycodone has decreased to once weekly and once month, respectively. She reports that her pain is now manageable and no longer limits her daily activities.

Discussion: Trigger point injections into the abdominal wall may have diagnostic and therapeutic value in evaluation of pediatric chronic abdominal pain.

REFERENCES