CORRESPONDENCE

Anesthesiology
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Reflex Sympathetic Dystrophy Syndrome in Pregnancy

To the Editor:—The report by Simon *et al.*[1] prompts three comments. First, median or sciatic neuropathies, including Carpal Tunnel Syndromes (CTS), often produce severe burning pain, dysesthesiae, and vasomotor changes suggesting involvement of the autonomic fibers.[2] Sympathetic blocks transiently relieve those symptoms.[2] It seems more logical to speak of CTS with severe pain and vasomotor changes rather than of reflex sympathetic dystrophy secondary to a CTS. As the authors point out, CTS is not infrequent during pregnancy and is hardly worth reporting.

Second, the bilateral relief after a right stellate ganglion block (SGB) is puzzling. Although contralateral "mirror image" pain is an accepted concept,[3] contralateral relief following a block is not. It is questionable that a right stellate ganglion block could alleviate an electrically proven neuropathy in the left arm, unless one postulates seepage of the anesthetic solution from the right to the left cervical sympathetic chain. Did the authors see signs of left sympathetic blockade after each right stellate ganglion block?

Third, the permanent relief may have been due less to the sympathetic blocks than to the local steroid injection and splinting or to the natural course of the condition, since most CTS of pregnancy improve toward the end of the gestation. In view of this last fact, one wonders why bilateral surgery was considered for this patient during her pregnancy.

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In Reply:—Dr. Defalque correctly points out that stellate ganglion block may relieve pain in patients with no evidence of abnormal sympathetic function.[1] Our patient, however, exhibited the vasomotor and dystrophic changes that define reflex sympathetic dystrophy.[2] In our patient, as in many patients with upper extremity reflex sympathetic dystrophy,[3] the precipitating nerve trauma appears to have been related to median nerve insult. Although median nerve compression (carpal tunnel syndrome) during pregnancy is common,[4] its triggering of a reflex sympathetic dystrophy during pregnancy is not common.[5]

Our patient's symptoms were more severe in her right upper extremity than in her left. Although we did not see any evidence of left (bilateral) sympathetic blockade, right stellate ganglion blockade repeatedly decreased the symptoms of her bilateral reflex sympathetic dystrophy. We believe that the interruption of aberrant reflex activity in the internuncial neuron pool may represent the neurochemical "seepage" that Dr. Defalque suspects.

Surgical decompression was considered because of the severity of our patient's symptoms. The relief obtained from bilateral corticosteroid injections was incomplete and short lived. This temporary relief does support the diagnosis of carpal tunnel compression as the antecedent trauma precipitating her reflex sympathetic dystrophy.

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