(S51) INTRATHecal Baclofen Therapy: AN EFFECTIVE TREATMENT FOR TRIGEMINAL NEURALGIA IN MULTIPLE SCLerOSIS PATIENTS TREATED FOR SEVERE SPASTICITY


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Background: Trigeminal neuralgia (TN) occurring in multiple sclerosis (MS) patients can often be effectively treated using one of several oral medications, including baclofen. However, TN in MS can also be refractory to multiple oral medications and eventually require gamma knife radiosurgery treatment. MS patients with TN can experience severe pain, but can also concurrently be significantly physically disabled, thus limiting their access to advanced treatments. Oral baclofen is also an effective treatment for spasticity. Intrathecal baclofen (ITB) is a more effective treatment for severe spasticity than are oral antispastic medications. It achieves higher cerebrospinal fluid (CSF) baclofen concentration by direct intrathecal delivery than can be attained by oral baclofen or clinically tolerated. There are no reported cases of refractory TN subsequently treated as a consequence of ITB therapy used for spasticity.

Objectives: To report the effectiveness of ITB in TN. Methods: Retrospective chart review of >100 MS patients with ITB implant, identifying who had concurrent recurrent TN refractory to two different oral medications, and TN persisting >1 year prior to ITB implant. Results: Three patients were identified who fulfilled these select criteria. These patients had persistent or recurrent TN for >1 year despite increasing doses of oral medication but also experienced recurrent TN with >2 attempted eliminations of oral medication. All patients had complete TN resolution after ITB implant and were also able to successfully eliminate oral medications used to treat TN without TN recurrence up to >3 years. Conclusions: MS patients with both TN and severe spasticity requiring treatment with ITB may achieve resolution of painful TN directly from ITB delivery. A lumbar-cervical-cerebral gradient of medication likely delivers sufficient ITB to the basilar CSF to provide effective TN treatment. This report does not suggest that ITB be considered as the treatment of TN in MS but describes an additional unrecognized potential benefit of ITB therapy.


Keywords: rehabilitation strategies and therapy and MS, quality of life in MS, comprehensive care and MS