

Digital Sympathectomy Eased Raynaud's Pain in Small Study

BY NANCY WALSH
New York Bureau

NEW YORK — Digital sympathectomy appeared highly effective for pain relief in patients with severe, longstanding Raynaud's phenomenon associated with limited cutaneous systemic sclerosis, Andrew D. Thomas, M.D., said at the annual meeting of the American Society for Surgery of the Hand.

Raynaud's phenomenon in the context of CREST syndrome, the symptoms of which can include calcinosis, esophageal dysmotility, sclerodactyly, and telangiectasia, is initially treated with calcium channel blockers.

Biofeedback, smoking cessation, and avoidance of cold also are central to management, Dr. Thomas said.

But if medical management fails, patients can face intractable fingertip pain and severe digital ulceration requiring amputation.

Studies have demonstrated that digital sympathectomy improves blood supply to the chronically ischemic hand. However, the long-term outcomes are unknown because of the infrequency with which it is performed and the diversity of conditions it is used to treat.

"We have attempted to clarify the effectiveness by analyzing the results from 17 patients, each with a firmly established diagnosis of CREST syndrome and painfully disabling Raynaud's phenomenon," said Dr. Thomas, a surgical resident at St. Luke's-Roosevelt Hospital, New York.

The patients underwent a total of 95 digital sympathectomies. Chronic ulceration was present in 22 digits, and 14 of the ulcers were 1 cm or greater. Bony exposure was present in five.

By way of standard microsurgical techniques, the digital artery was stripped of its sympathetic innervation and fibrotic adventitia for 2.5-3 cm distal to its origin from the common digital artery, he explained.

In 10 digits with major pulp loss, local flap resurfacing was performed to enhance wound healing, he said.

"All but one patient reported pain relief following the operation, and all 22 ulcerations healed after a period of meticulous local wound care," Dr. Thomas said at the meeting.

The time until healing ranged from 39 to 125 days based on the size and depth of the lesion. No amputations were necessary. Patient satisfaction was consistently high, he said.

Five patients developed recurrent ulcers after the initial healing, but these rehealed by secondary intention with

meticulous outpatient care.

Follow-up ranged from 1.5 to 8 years.

"Despite the progressive nature of scleroderma, this study indicates that the efficacy of digital sympathectomy can persist for periods as long as 8 years after surgery," he said.



COURTESY DR. ANDREW D. THOMAS

Of 17 patients who underwent the procedure, 16 reported pain relief after the operation. There were no amputations.



before



after

Meet the newest member of the Salex™ Family.

New prescription Salex™ Lotion has arrived. Ideal for large body surface areas affected by Keratosis Pilaris, Psoriasis and Ichthyosis Vulgaris, Salex™ Lotion provides the same features and benefits as Salex™ Cream:

- Patented Multivesicular Emulsion (MVE) delivery system for controlled release of product ingredients
- Long-lasting moisturization
- Both alpha- and beta-hydroxy acids
- Fragrance-free
- Non-greasy, non-comedogenic
- Non-irritating

Now there are two ways to effectively hydrate, lubricate and desquamate. Get on board with the one that's right for your patients.

Salex™ Lotion should not be used in any patient known to be sensitive to salicylic acid or any other listed ingredients. Salex™ Lotion should not be used in children under two years of age. Excessive erythema and scaling conceivably could result from use on open skin lesions.

Please see next page for brief summary of prescribing information. © 2004 Healthpoint, Ltd. 137109-0904 Healthpoint is a registered trademark and Salex is a trademark of Healthpoint, Ltd.

HEALTHPOINT
Dermatology

www.healthpoint.com

VERBATIM

'Some people believe it's a harbinger of the flare phenomenon.

It is not.'

Dr. Kim A. Papp,
on a transient, papular eruption
that sometimes occurs
during weeks 4-8 of
efalizumab therapy, p. 16.