A patient with loin hematuria syndrome and chronic flank pain treated with pulsed radiofrequency of the splanchnic nerves.

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Abstract

INTRODUCTION: Chronic abdominal and flank pain can be multifactorial and difficult to treat. Loin pain hematuria syndrome (LPHS) is a rare clinical cause of chronic abdominal and flank pain and is a diagnosis of exclusion with limited treatment options, ranging from medications to renal autotransplantation or even nephrectomy in resistant cases.

CASE DESCRIPTION: A 50-year-old man with a history of recurrent nephrolithiasis secondary to hypercalcemia presented to the pain clinic with bilateral flank pain. After failed conservative medical management, the decision was made to proceed to interventional modalities. He responded for a short duration to a splanchnic nerve block and subsequently had a longer analgesic response to pulsed radiofrequency (PRF) ablation to the splanchnic nerves.

DISCUSSION: LPHS is a difficult clinical scenario to diagnose and treat. Conservative options are often unsuccessful, but the more extreme interventions such as renal autotransplantation and nephrectomies are invasive and not always effective. In this case report, we describe the novel use of PRF to the splanchnic nerves as an alternative treatment modality for patients with LPHS. Although the exact mechanism of action of PRF on nerve tissue is unclear, its indication in pain management requires further research and discussion. Our patient experienced substantial and sustained relief of his flank pain. PRF may be a viable option for patients with LPHS.

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