A Retrospective Study of Quality of Life and Outcome Measurement in Prolotherapy for Sacroiliac Joint Pain

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Introduction
Back pain conditions with non-radicular pain are a result of Sacroiliac joint pain in 15-30% of patients. Many patients fail conservative treatments and proceed to intra or extra-articular steroid injection and radiofrequency ablation. Prevalence rates represent a bimodal distribution with higher rates in younger athletes and the elderly. However, the etiology of SIJ pain can be intra-articular, such as arthritis and spondyloarthopathies which tend to be most common in the elderly. Extra-articular conditions such as ligamentous and muscular injuries and enteropathy are likely the most frequent sources (1,2).

The current theory holds that the injected proliferant mimics the natural healing process of the body by initiating a local inflammatory cascade, which triggers the release of growth factors and collagen deposition. This is accomplished when induced cytokines mediate chemo modulation, which leads to proliferation and strengthening of new connective tissue, joint stability, and a reduction in pain and dysfunction (3).

Methodology:
This was a retrospective nonrandomized clinical study in Allevio Pain Management clinic. Between January 1, 2016 through the end of December 2016, 66 patients were treated with prolotherapy, using fluoro to assist with needle placement along the medial aspect of bilateral sacroiliac joints. A mixture 25% dextrose with 1% lidocaine targeting was administered weekly for 6 weeks.

8 (22.2%) patients did not show any improvement in general activity, 4 patients (11.1%) had 10%-40% improvement in general activity, and 23 patients (66.7%) had 50% or more improvement in general activity. 2 patients (5.6%) had 10%-40% improvement in mood, 4 patients (11.1%) had a 10%-40% improvement in mood, and 22 patients (61.1%) had a 50% or more improvement in mood.

9 (25%) patients did not show any improvement in walking ability and 3 patients (8.3%) had 10%-40% improvement in walking. 10 (27.8%) patients did not show any improvement in doing normal work and 3 patients (8.3%) had 10%-40% improvement in doing normal work. 23 patients (58.4%) had 50% or more improvement in doing normal work.

12 (33.3%) patients did not show any improvement in socializing with others and 3 patients (8.3%) had 10%-40% improvement in socializing. 21 patients (58.4%) had 50% or more improvement in socializing.

11 patients (30.6%) did not show any improvement in sleep and 4 patients (11.1%) had a 10%-40% improvement in sleep. 21 patients (58.3%) had 50% or more improvement in sleep.

14 patients (38.9%) did not have any changes in medication, 11 patients (30.6%) had decreased the pain killer usage, 1 patient (2.8%) had increased in pain killer medication usage, and no information has been received from pharmacies for 10 patients (27.8%).

35 patients (97.2%) were absolutely satisfied with the clinic service, 1 patient (2.8%) was not satisfied with clinic service.

Conclusion:
This retrospective review identifies an alternative form of treatment, especially in younger patients, that avoids ablation and identifies regenerative medicine as an exciting future for MSK pain.

References:

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