

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 (SI) joint pain in 15% to 30% of patients. Many patients fail conservative treatment and proceed to intra or extraarticular steroid injection and radiofrequency ablation. Prevalence rates represent a bimodal distribution with higher rates in younger athletes and the elderly.

However, the etiology of SI joint pain can be intra-articular, such as arthritis and spondyloarthropathies, which tends to be the most common in the elderly. Extraarticular 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 chemotherapy modulation, which leads to the 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 the Allevio Pain Management clinic. Between Jan. 1, 2016 and 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 six weeks.

Eight (22.2%) patients did not show any improvement in general activity, and four patients (11.1%) had a 10% to 40% improvement in general activity, and, 23 patients (66.7%) had 50% and more improvement in general activity. Ten (27.8%) patients did not show any improvement in mood, four patients (11.1%) had a 10% to 40% improvement in mood, and 22 patients (61.1%) had 50% and over for improvement in mood.

Nine (25%) patients did not show any improvement in walking ability, three patients (8.3%) had a 10% to 40% improvement in walking, and ten (27.8%) patients did not show any improvement in doing normal work. Meanwhile, three patients (8.3%) had a 10 to 40% improvement in doing normal work, 23 (58.4%) patients experienced a 50% and more improvement in doing normal work.

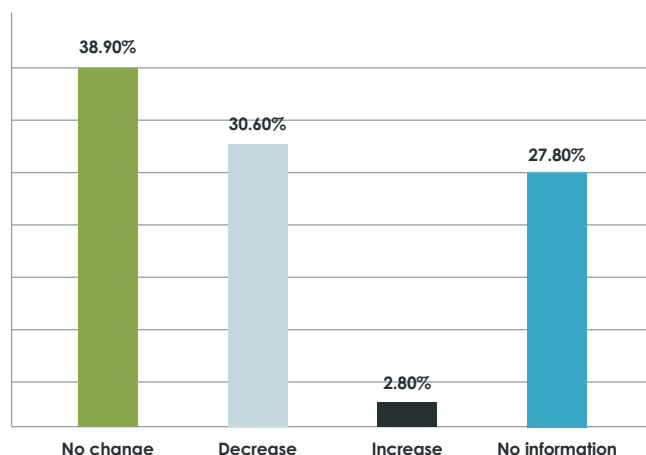
Twelve (33.3%) patients did not show any improvement in socializing with others, three patients (8.3%) had a 10% to 40% improvement in socializing with others, and 21 patients (58.4%) had 50% and more improvement in socializing.

Eleven patients (30.6%) did not show any improvement in sleep, four patients (11.1%) had a 10% to 40% improvement in sleep, and 21 patients (58.3%) experienced a 50% and more improvement in sleep.

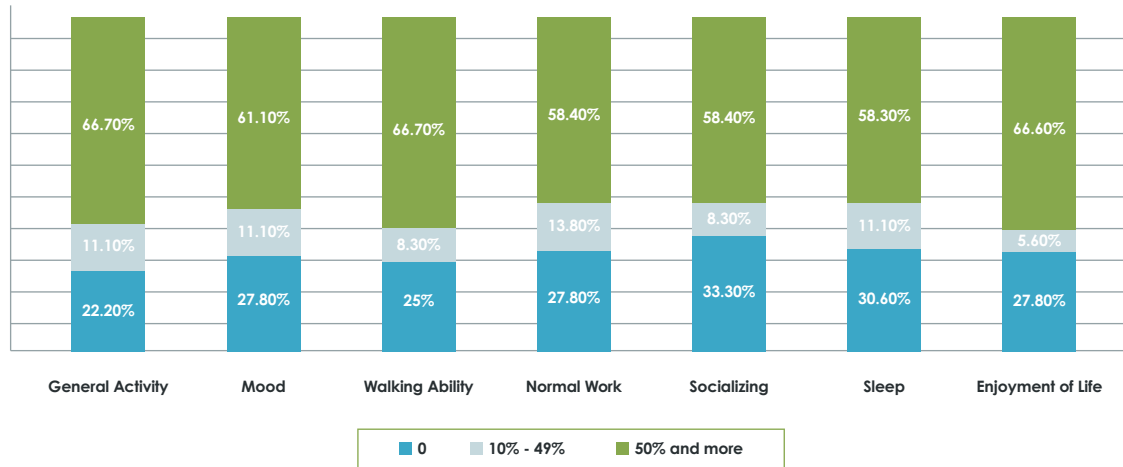
Fourteen patients (38.9%) did not have any changes in medication, 11 patients (30.6%) had decreased the pain killer usage, one patient (2.8%) had increased in pain killer medication usage, and no information has been received from pharmacies for 10 patients (27.8%).

Thirty-five patients (97.2%) were absolutely satisfied from clinic service, one patient (2.8%) was not satisfied by the clinic's service.

Changes in Pain Medication



Improvement in BPI



Pain Free Interval



Conclusion

This is a retrospective review and identifies an alternative form of treatment especially for younger patients that avoids ablation and identifies regenerative medicine as an exciting future for musculoskeletal pain (MSK).

References

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