

Reflex Sympathetic Dystrophy Responds

This often-misunderstood condition presents seemingly causeless agony and confounds patients and doctors alike. It takes a determined and skilled practitioner to bring patients the relief they seek.



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his residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, and completed an anesthesia residency and received fellowship training in pain management at the Naval Hospital, Portsmouth, VA. He also received fellowship training in anesthesia at Bowman-Gray Medical Center, Wake Forest University, Winston-Salem, NC. He is a member of the American Association of Electrodiagnostic Medicine, American Association of Physical Medicine and Rehabilitation, American Society of Anesthesiology, Florida Medical Society, Florida Society of Anesthesiology, International Association for the Study of Pain, and International Spinal Injection Society. He has published extensively in his areas of expertise.



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Pierre R. Hyppolite, MD, is fellowship-trained in spinal cord injury through the University of Miami's Jackson Memorial

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It all started with a torn tendon in 2001," says Rita Krzos. "I'd hurt myself at work, and the workman's comp doctor wrapped my right leg to support and protect the injured area. Instead, my foot and ankle became so swollen that they were as big around as my thigh."



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Rita's leg continued to swell, the skin on her leg turned blue, and she began to experience excruciating pain well out of proportion to her injury, she says. Worse yet, the doctor didn't take her intense pain seriously.

"I often felt like a burning rod was embedded in my leg, but my skin was ice cold to the touch," she describes. "I had throbbing pain in my ankle, and a pins-and-needles sensation along my legs. My skin was so discolored that the doctor kept asking if I was bumping into things and getting bruised. The nails on my toes quit growing. I had nerve blocks, epidural steroid injections, and medications that made me so lethargic that my weight increased dramatically."

Still Rita's pain increased. She had to quit work and began relying on a cane to maintain her balance. She didn't have enough stamina to be active for more than 15 minutes at a time, and she experienced frequent muscle spasms. Referral after referral failed to bring her to a doctor who could successfully address her escalating problems.



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Rita Krzos suffered an injury at work and was treated for Reflex Sympathetic Dystrophy. She is now able to stand and walk without assistance.

Rita Krzos



"Finally," says Rita, "I said, *Enough!* I began searching for pain management doctors on my own, and I found Dr. Pierre Hyppolite. He was the first doctor who checked me from head to toe, and *listened* to me when I described my symptoms. Then he changed the prescription medications I was taking and prescribed a course of physical therapy, including aquatic therapy, and the swelling in my leg began to lessen almost immediately!"

"Since I've been seeing Dr. Hyppolite, my neuropathy is gone, and I no longer use my cane to walk. I can be active for as much as an hour before needing to regroup, and even though I still have chronic pain, it's at a tolerable level. It's still too early to tell if I'll be able to return to work, but I have faith in God and in Dr. Hyppolite, so I'm choosing to be optimistic!"

Difficult condition

Pierre R. Hyppolite, MD, of Southwest Florida Neurosurgical & Rehab Associates, says Rita's obstacles to finding effective treatment are not unusual.

"Rita had developed Reflex Sympathetic Dystrophy [RSD], and RSD is one of the worst types of chronic pain syndromes," he remarks.

Because there is no test for RSD, it falls to the treating physician to rule out other causes of the syndrome's disabling symptoms before establishing a treatment plan.

"When there is a strong clinical reason to suspect RSD, we can perform a triple-phase bone scan, which is highly sensitive for RSD," says Dr. Hyppolite,

"but even this test can return false negative results. We can also schedule the patient for a lumbar block, which is both diagnostic and therapeutic."

Because one of the characteristics of RSD is extreme skin sensitivity, the treatment protocol may include soothing paraffin baths. Stretching and range of motion exercises can be introduced gradually to counteract muscle spasms and stiffening joints.

"Another key element is the doctor's willingness to listen carefully when the patient describes her symptoms and her response to treatment. RSD requires a multi-disciplinary approach," Dr. Hyppolite reminds, "and only the patient is present for every aspect of treatment. Her observations about each protocol are vital in determining whether to continue or adjust the treatment plan."

Dr. Hyppolite notes that Rita continues to make progress in controlling her RSD. "She is actively involved in her recovery, and motivated by her desire to avoid the use of opiates to control her pain, and by her desire to return to work.

"Together, we are helping her reclaim her quality of life, and that's a great thing to see." **FHCN**

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Relief at last

The staff at Southwest Florida Neurosurgical & Rehab Associates welcome your questions and comments regarding this article. For additional information or to schedule a consultation, please call or visit one of their conveniently located offices: in Fort Myers at **(239) 432-0774, 12700 Creekside Ln., Suite 301**, and in Cape Coral at **(239) 772-5577, 413 Del Prado Blvd. South, Suite 201**.