



SOCIETÀ ITALIANA
G.U.I.D.A.
PER LA GESTIONE UNIFICATA E INTERDISCIPLINARE
DEL DOLORE MUSCOLO-SCHELETRICO E DELL'ALGODISTROFIA



V CONGRESSO NAZIONALE
EVERYTHING
YOU NEED TO KNOW

BOLOGNA
ROYAL HOTEL CARLTON
27 Febbraio - 1 Marzo 2025

Patogenesi dell'Algodistrofia

Ombretta Di Munno



- John Bonica, chair of the Department of Anesthesiology of the Washington University in Seattle, defined the characteristics of the disease in 1953, subdividing it into 3 stages:

- **Stage 1: acute**



- **Stage 2: dystrophic**



- **Stage 3: atrophic**



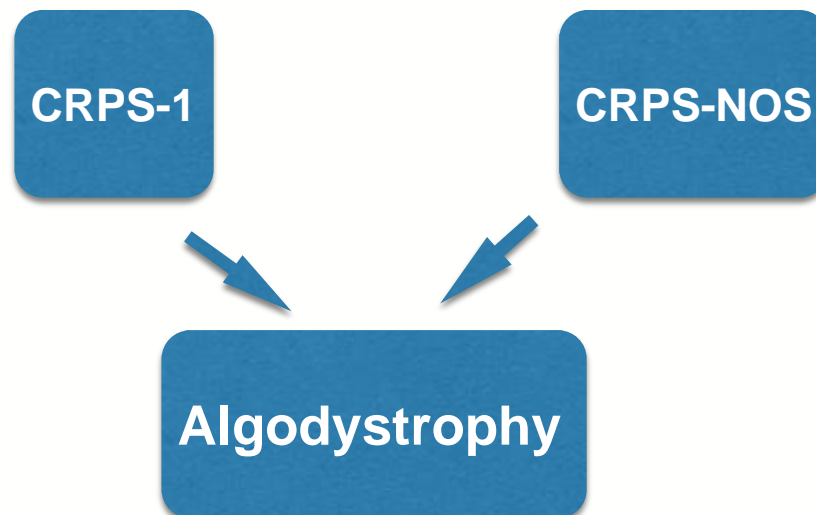
- **Complex regional pain syndrome (CRPS)** is a **consensus-defined** clinically diagnosed pain syndrome with hyperalgesia, allodynia, vasomotor, sudomotor, motor, and trophic symptoms and signs in the affected limb



Committee for Classification of Chronic Pain of the IASP
Schloss Rettershof conference - 1988 and
Orlando conference - 1994

Subtypes of CRPS

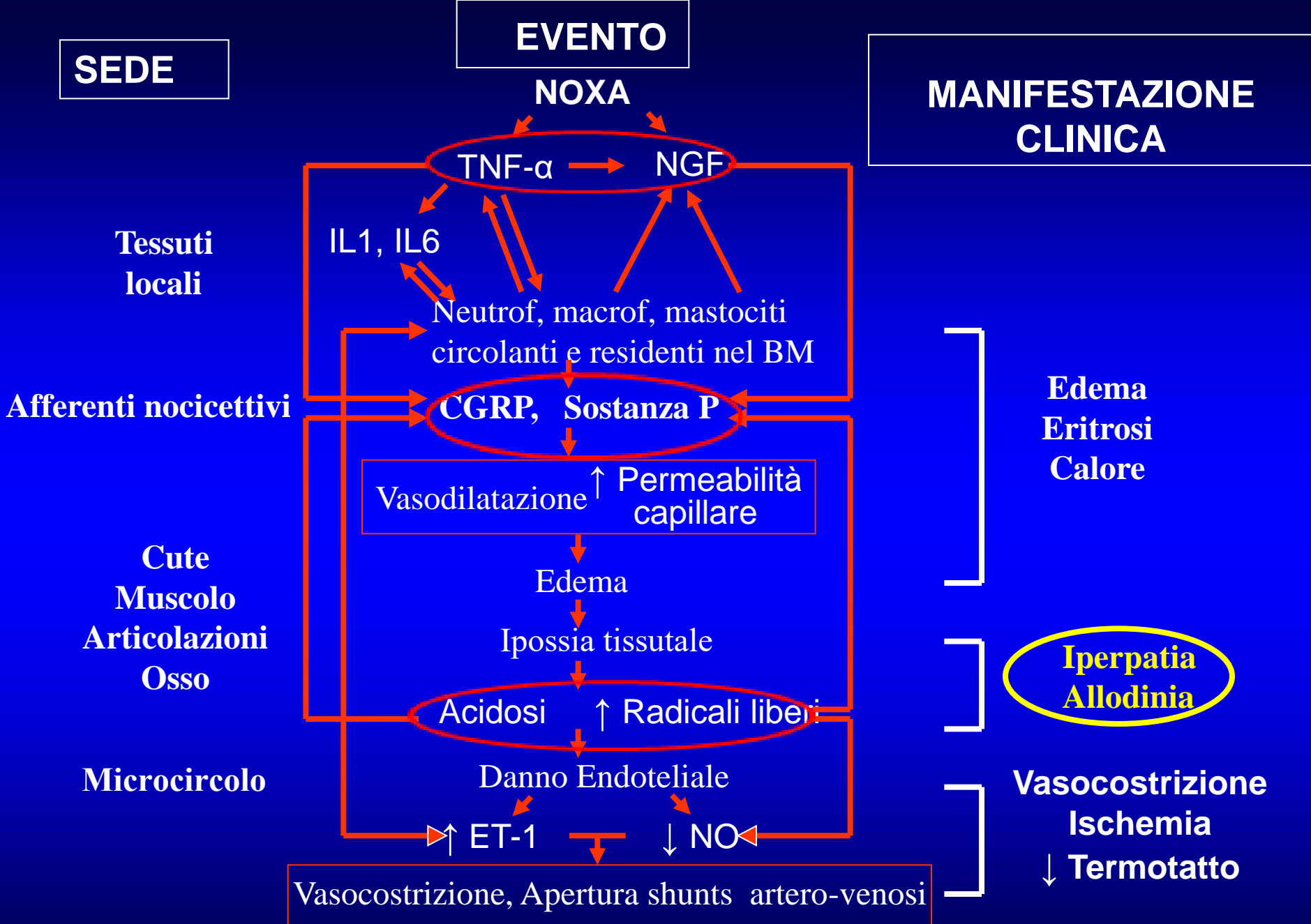
- **CRPS 1** = corresponds to the old RSD (without peripheral nerve injury)
- **CRPS 2** = Causalgia (with ascertained peripheral nerve injury)
- **CRPS- NOS (Not Otherwise Specified)** - only partially meets the Budapest criteria and is not attributable to any other pathology



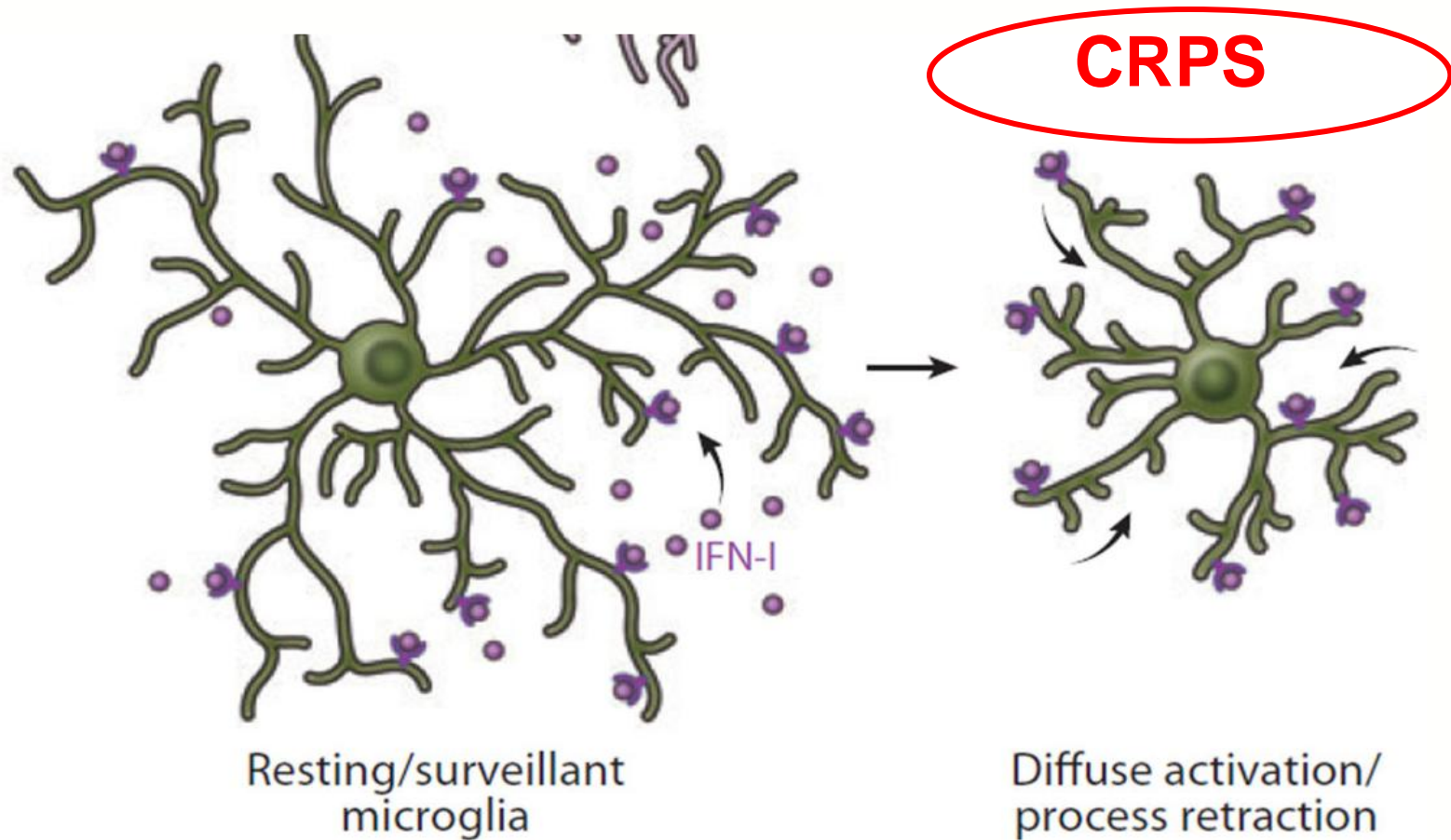
Complex Regional Pain Syndrome: A Comprehensive Review

CRPS Pathophysiology

- **Aberrant neuroinflammation in the PNS and CNS**
- **Imbalance in the Autonomic Nervous System**
- **Autoimmunity(innate and more specifically adaptive immune response)**
- *Genetic/Epigenetic Factors(HLA-DQB1 ?)*
- *Psychosocial Factors(post-traumatic stress disorders, elevated levels of anxiety, perception of disability, kinesiophobia, pain-related fear)*
- *A peculiar disturbance of the bone metabolism(osteocyte necrosis)*
- *Alterations to the intestinal microbiota*

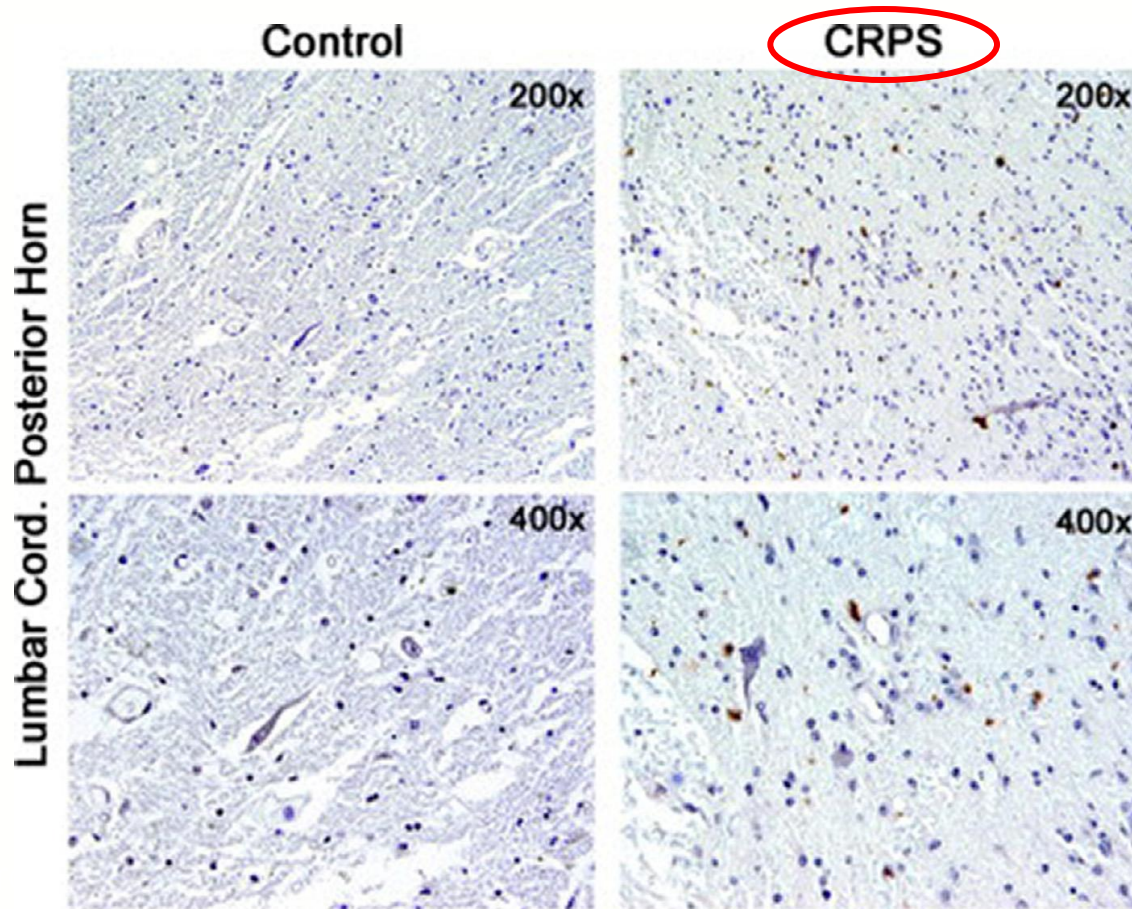


The involvement of microglia in CRPS has been demonstrated in animal studies, thus suggesting a potential link between peripheral neurogenic inflammation and sustained central sensitization through the production of proinflammatory mediators that regulate pain processing



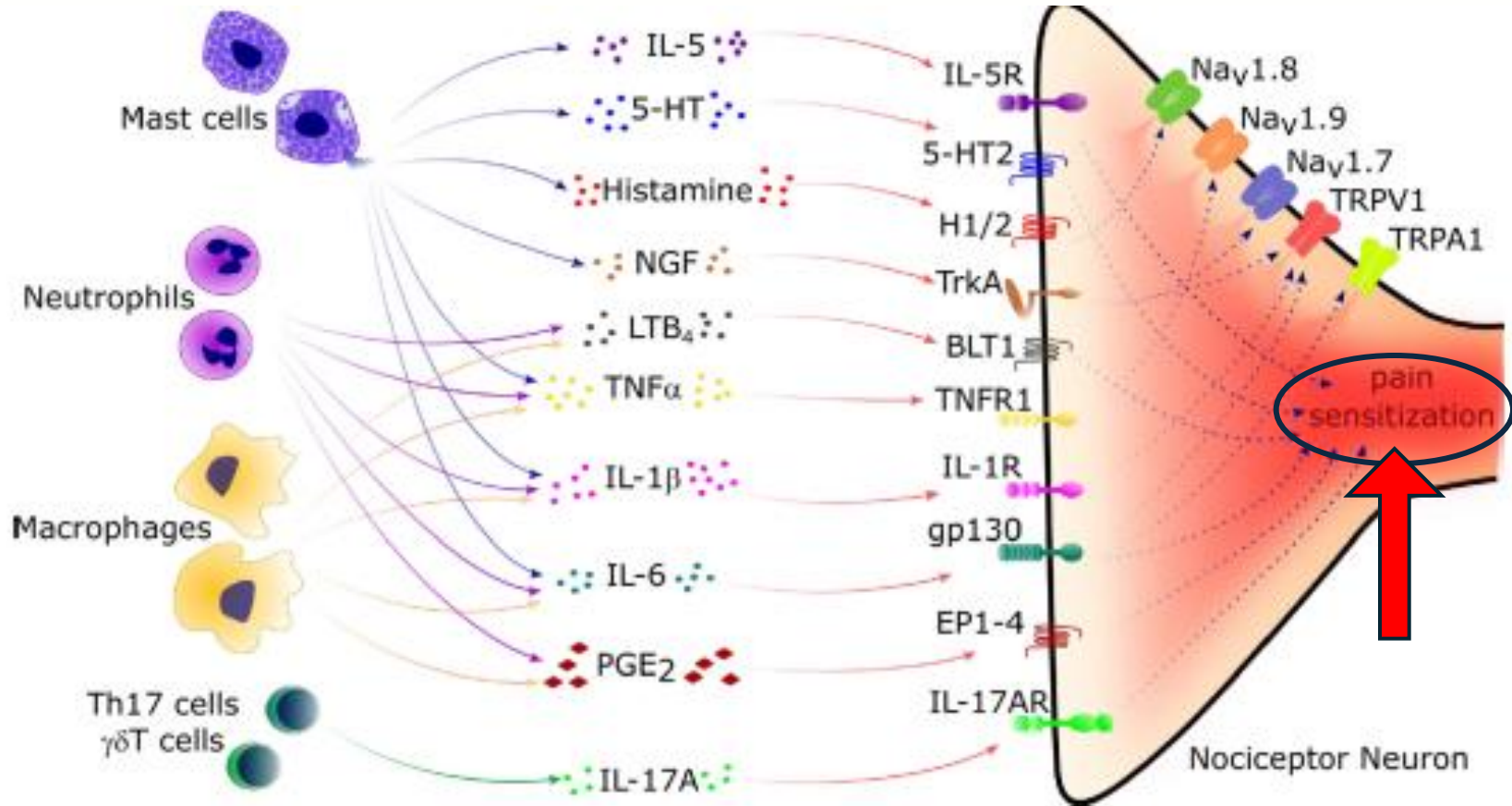
Spinal cord histopathological alterations in a patient with longstanding complex regional pain syndrome

The first documentation of gliosis in CRPS was in a case report of autopsy findings in the spinal cord of a chronic case of CRPS



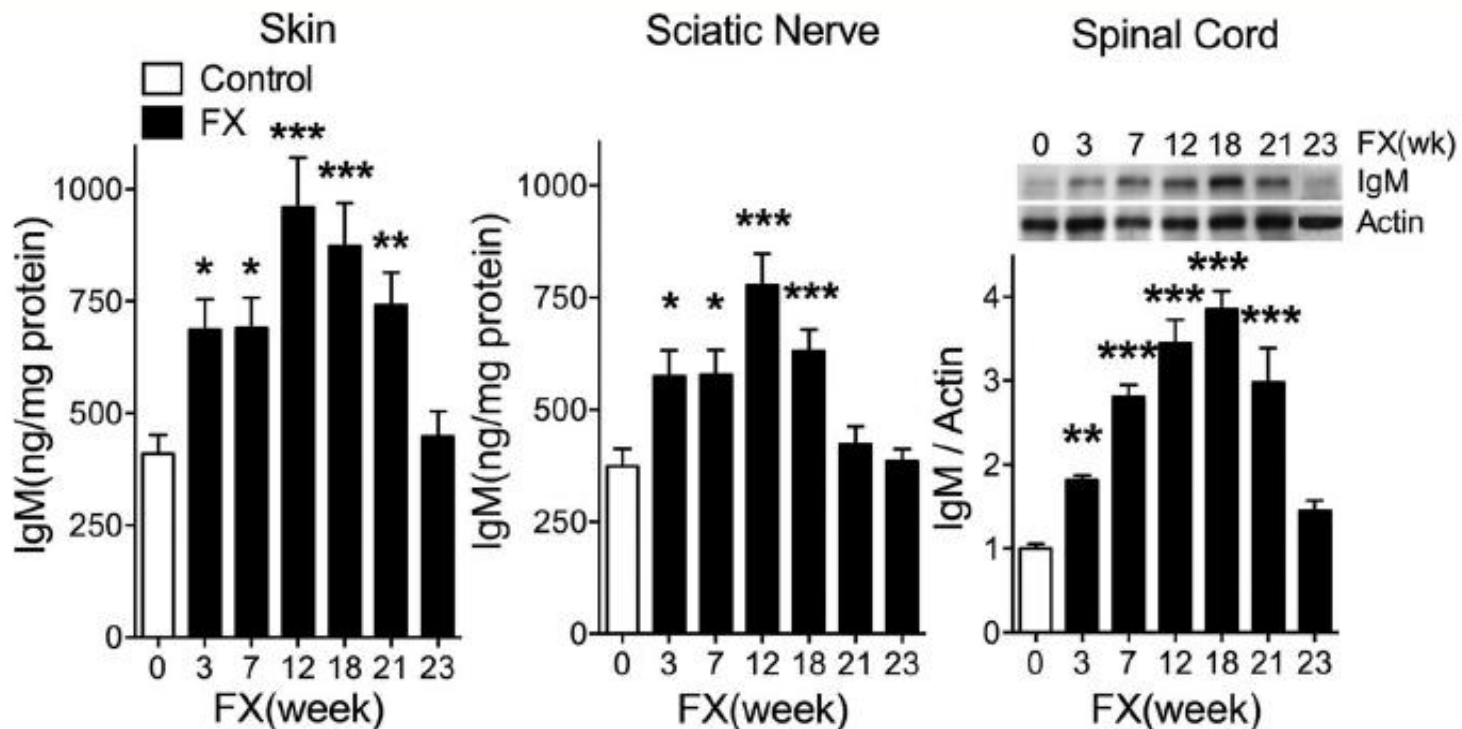
Nociceptor Sensory Neuron-Immune Interactions in Pain and Inflammation

Immune cells at peripheral nerve terminals and within the spinal cord release mediators and autoantibodies which produce peripheral sensitization of nociceptor sensory neurons and pain. In turn, nociceptor neurons release neuropeptides and neurotransmitters from nerve terminals that regulate vascular, innate, and adaptive immune cell responses.



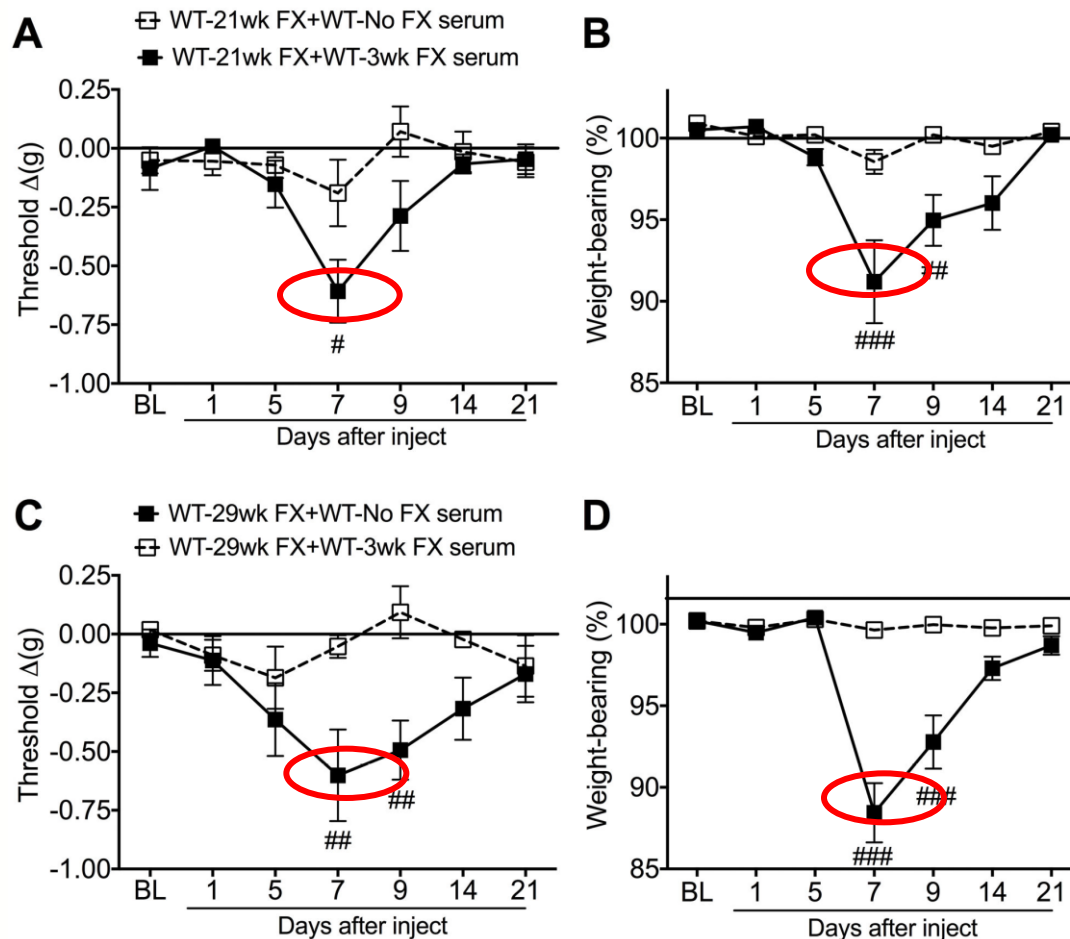
Passive transfer autoimmunity in a mouse model of complex regional pain syndrome

Changes in IgM levels in the ipsilateral hindpaw skin, sciatic nerve, and lumbar spinal cord at 3, 7, 12, 18, **21**, and **23** weeks **after fracture (FX)** in wildtype mice



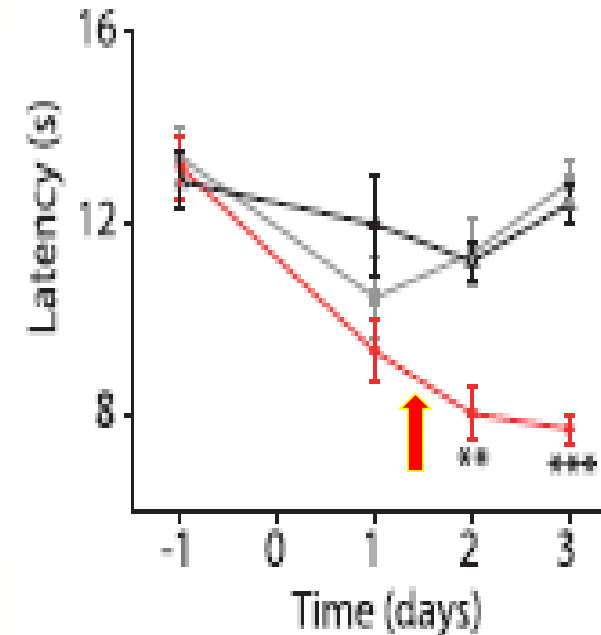
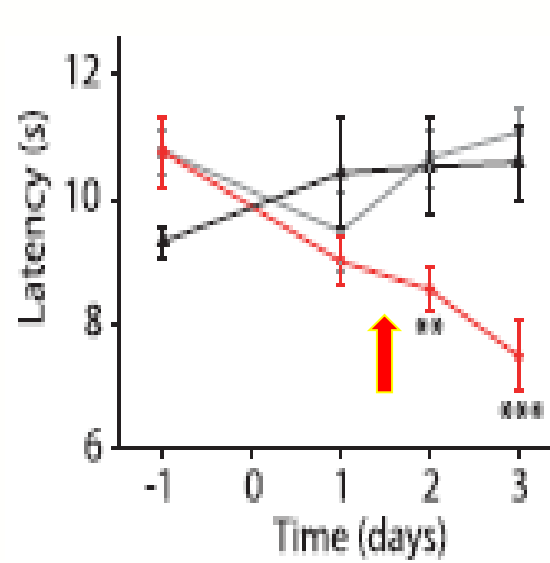
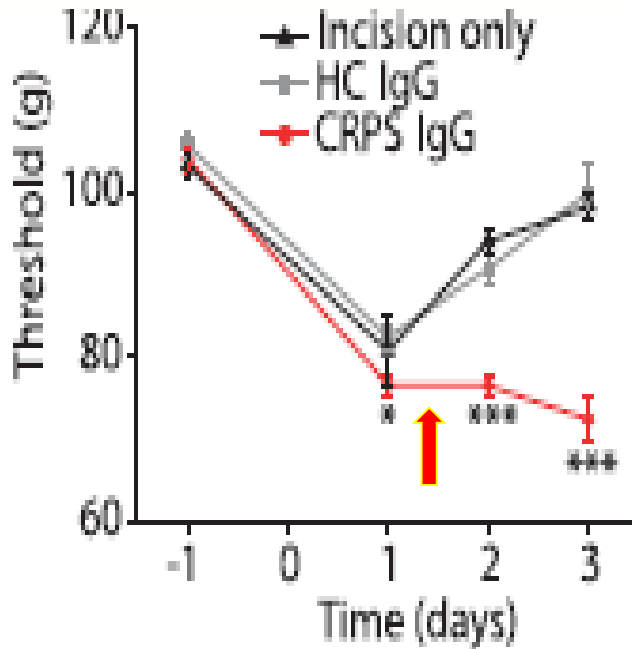
Passive transfer autoimmunity in a mouse model of complex regional pain syndrome

Serum from 3 week post-fracture (FX) wildtype (WT) mice was **pronociceptive** in 21 and 29 week post-FX WT mice that had resolved **allodynia** and **unweighting**



Autoantibodies produce pain in complex regional pain syndrome by sensitizing nociceptors

Administration of CRPS patient IgG produces polymodal hypersensitivities in mice

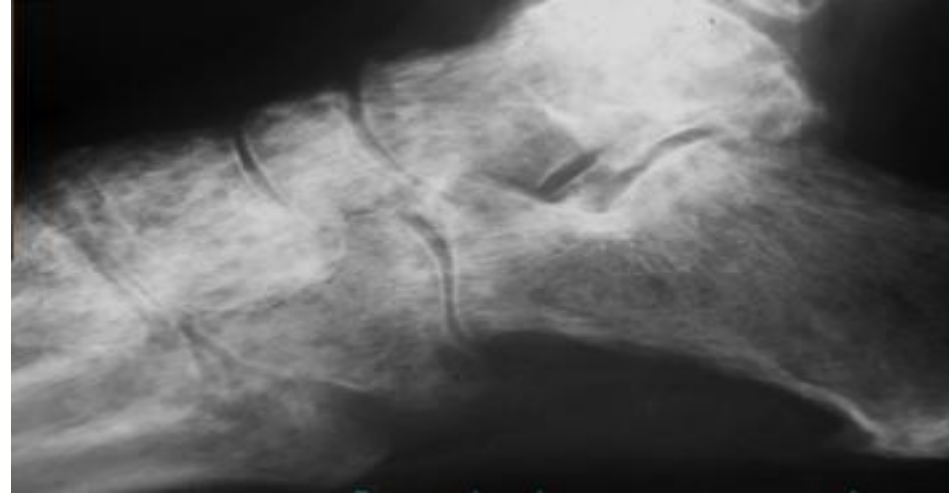


mechanical

heat

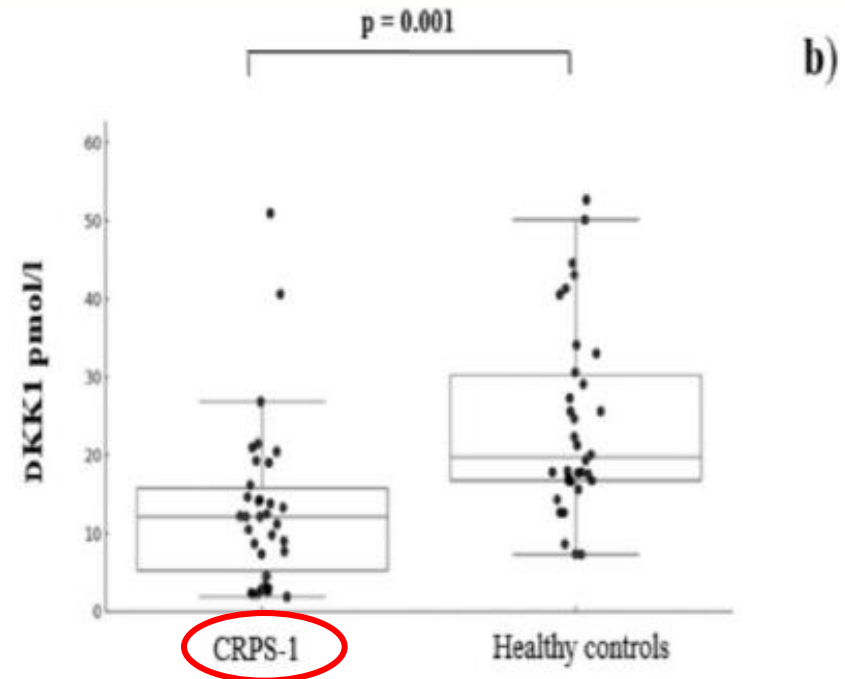
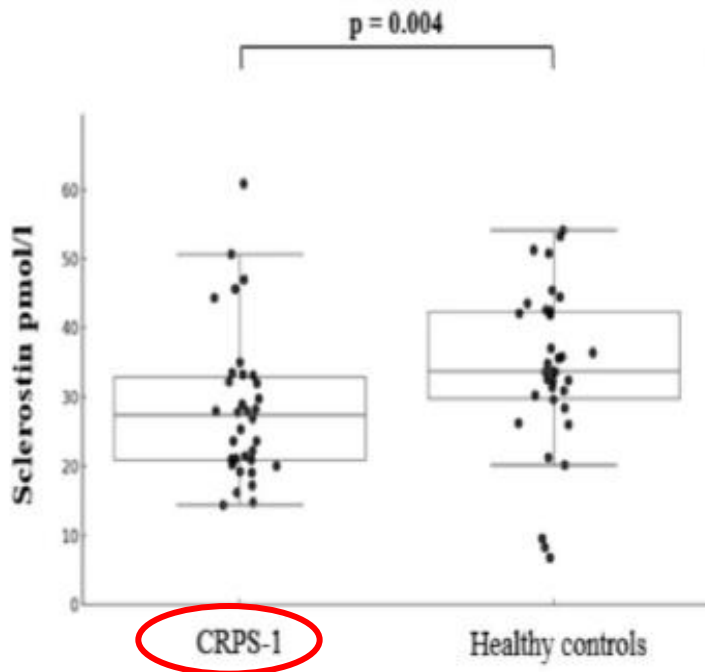
cold

Rx Standard



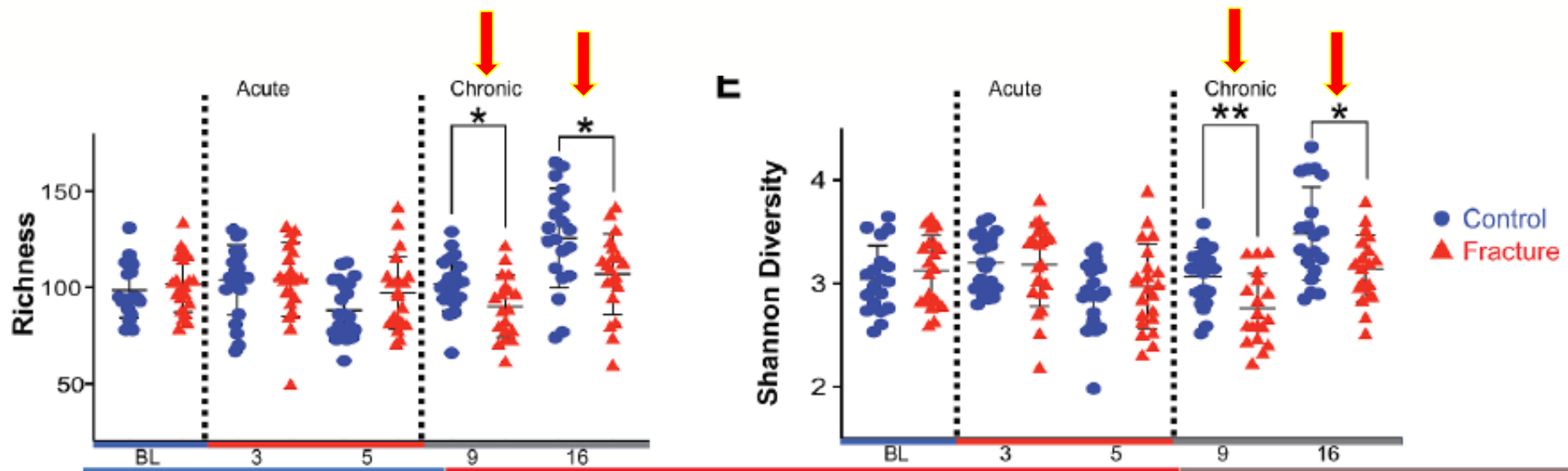
Bone Turnover Markers and Wnt Signaling Modulators in Early Complex Regional Pain Syndrome. A Pre-specified Observational Study

Serum values of Sclerostin a), DKK1 b)



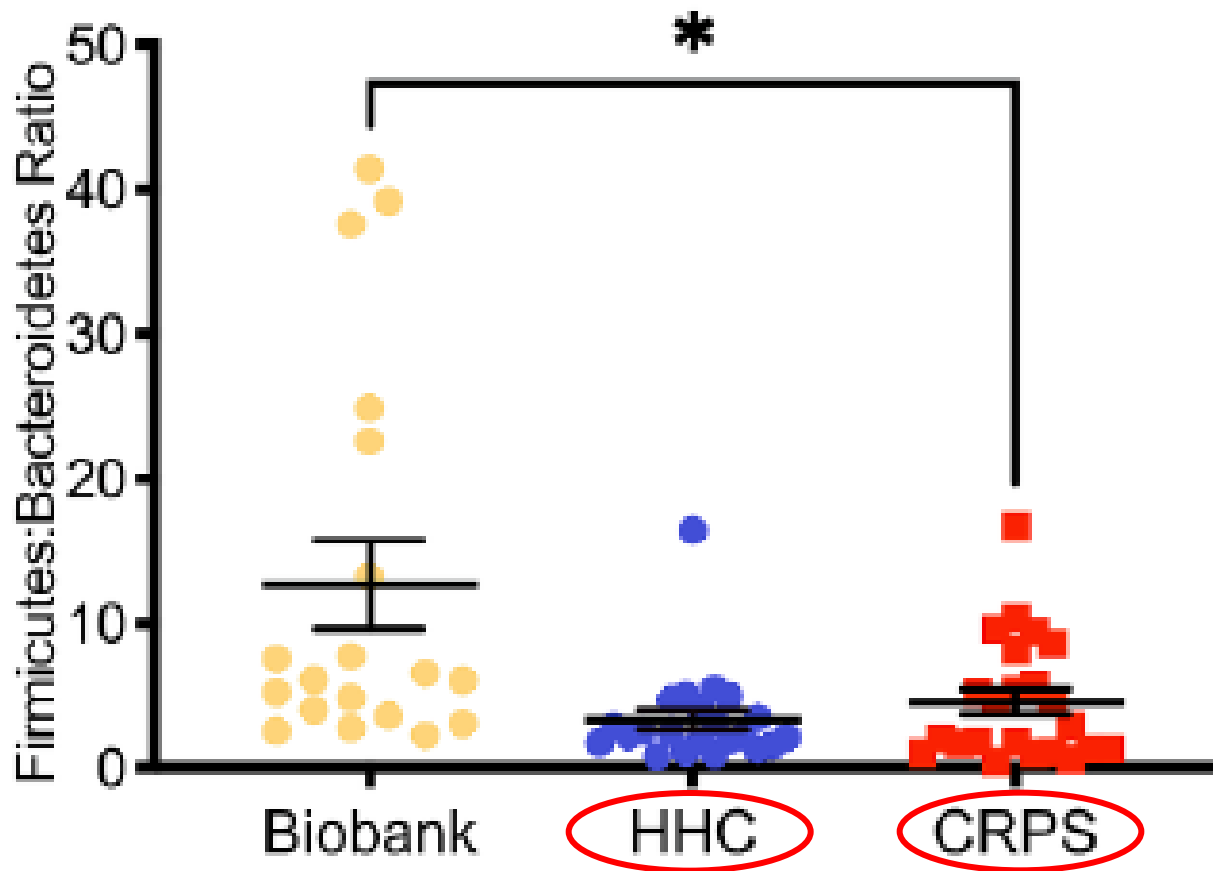
Chronic pain and complex regional pain syndrome are associated with alterations to the intestinal microbiota in both humans and mice. An observational cross-sectional study

Overall intestinal microbiota composition is altered in a mouse model of CRPS as a function of time: **acute (weeks 3-5)** and **chronic (week 7)** mechanical allodynia

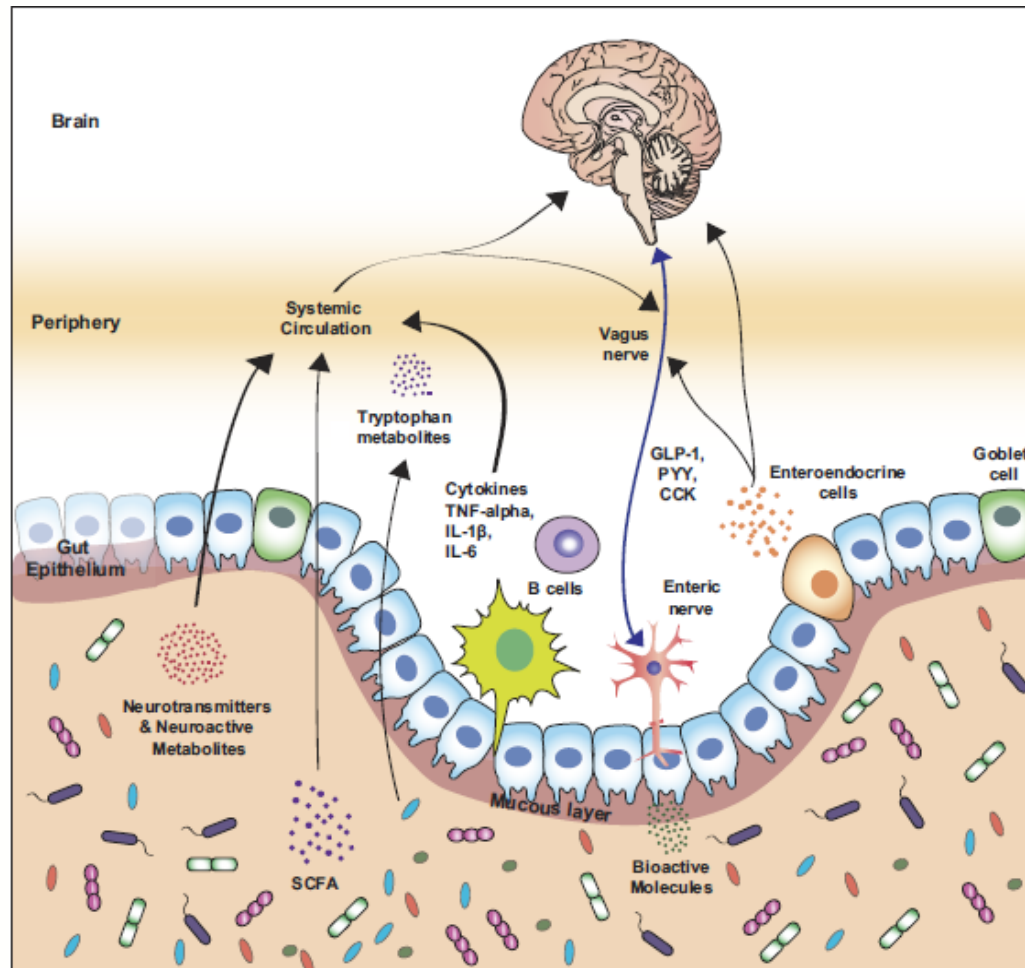


Chronic pain and complex regional pain syndrome are associated with alterations to the intestinal microbiota in both humans and mice. An observational cross-sectional study

Specific microbiota taxa and dysbiosis are associated with CRPS

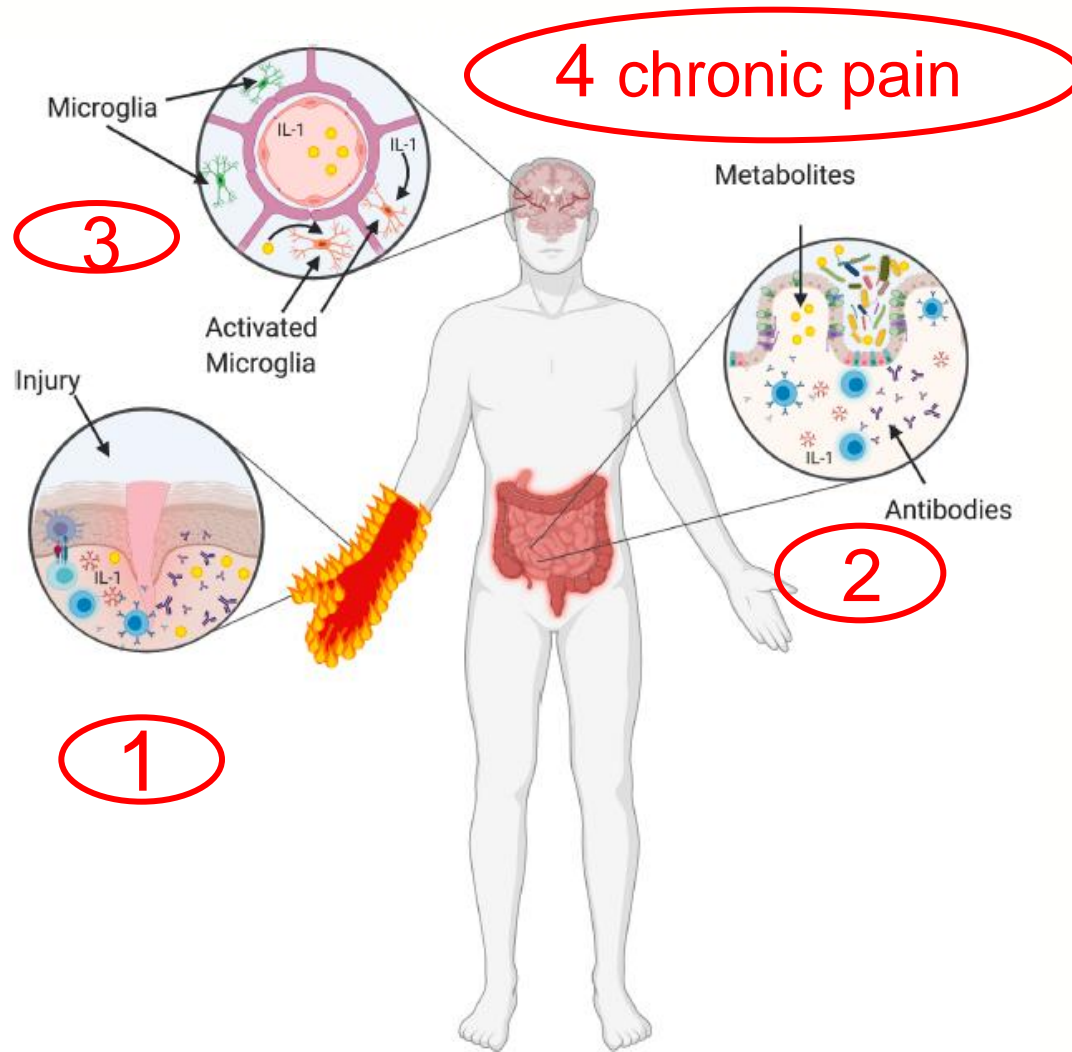


Schematic outlining the various known bidirectional pathways of communication between the gut-microbiota and the brain, including the immune system, cytokines, the vagus nerve and the enteric nervous system, enteroendocrine and microbial metabolites



CCK, cholecystokinin; GLP-1, glucagon-like peptide-1; IL, interleukin; PYY, peptide YY; TNF, tumor necrosis factor; SCFA, short-chain fatty acid.

A role for the microbiota in complex regional pain syndrome?



Key Points

The pathophysiology of complex regional pain syndrome(CRPS) has become clearer through research in recent years.

Current evidence suggests that the pathophysiology involves multiple mechanisms through a complex interplay between the inflammation and neuroinflammation, autoimmunity, aberrations in autonomic processing, and both peripheral and central sensitization.

In addition, genetic and psychosocial factors, peculiar disturbances of bone metabolism, and microbiota changes have been postulated as additional factors in the development and persistence of CRPS

It is mandatory to quickly identify this condition and start treatment as soon as possible



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