

– Abstract –

## The Clinical Picture of Neuropathic Pain

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The terminology used to describe neuropathic pain has developed over a considerable number of years. Although there have been attempts to formalized it, there remains some degree of confusion, several of the terms being employed inconsistently or interchangeably. Pain or the sensitivity to painful stimuli is described as neuropathic if it is causally related to peripheral or central nervous system structural and/or functional changes resulting from physical injury or disease; it has been suggested that, in practice, neuropathic pain may be differentiated from other type pain in its rapid resolution following intravenous lidocaine. Neuropathic pain may be continuous or paroxysmal; it may also be spontaneous, occurring in the absence of any obvious externally applied stimulus, or it may occur only when evoked, usually by mechanical or thermal; Neuropathic pain usually associated with the characteristic clinical features such as allodynia or hyperalgesia. Allodynia is the term applied when pain occurs to stimuli of a type or intensity that would not normally elicit pain. It is appropriate to refer to hyperalgesia if sensitivity to a stimulus that would normally be expected to produce pain is markedly greater than one would expect; Neuropathic pain has been classified according to the site of initial injury. This may be peripheral, as in the case of painful polyneuropathies or mononeuropathies, the latter embracing lancinating neuralgias, activation of nociceptive nervi nervosum, and activity arising in neuromas, or it may be central, as exemplified by deafferentation pain or pain arising from thalamic strokes or spinal cord injury. Mixed peripheral and central sites are involved in sympathetically maintained pain states and in acute herpetic and postherpetic neuralgias; the management of neuropathic pain is frequently found to be difficult, and this is reflected in the wide range of treatments that have been, and in many cases still are employed clinically. These include various forms of drug therapy, nerve block, and transcutaneous electrical stimulation.

**Key Words:** Neuropathic pain, Allodynia, Hyperalgesia

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5)	neuronal plastic change	가	(paradoxical presence of certain hyperphenomena)
	(nociceptive system)	가	가
ticity		plas-	modality (spinothalamic loss) (thermal sensation) pinprick loss가
가			2) (allodynia) and (hyperalgesia)
2.	(stimulus independent pain)		allodynia: the evocation of pain by non-noxious stimuli hyperalgesia: the lowering of pain threshold and an increased response to noxious stimuli
	(stimulus dependent pain)		3) (hyperpathia)
1)	(stimulus independent pain)		(sensory detection threshold)가 가
	(shooting), (aching), (burning), (shock like), (cramping), (burning), (crushing)		4) (paroxysm)
			5) (paresthesia)
tor	increased discharge	C-nocicep	and needle sensation
			A-β (spontaneous bursts of activity)
2)	(stimulus dependent pain)		6) (dysesthesia)
	(thermal), (chemical), (mechanical),		(unpleasant sensation)
	가	가	
	aftersensation	가	7) (referred pain and abnormal pain radiation)
3.			가
1)	(sensory deficit and pain)		8) wind up like pain and aftersensation
			가

**Table 2.** Common drugs for the management of chronic pain

Nonopioid analgesics			
Generic name	Oral dose,mg	Interval	Comments
Acetylsalicylic acids	650	q4h	enteric coated
Acetaminophen	650	q4h	side effect-uncommon
Ibuprofen	400	q4-6h	
Naproxene	250-500	q12h	delayed effect due to long half life
Ketorolac	10	q4-6h	weaning from narcotics
Trisalysilate	1000-1500	q12h	fewer GI or platelet effect
Indomethacin	25-50	q8h	GI side common
Tramadol	50	q6h	potent nonnarcotic
Narcotic analgesics			
Generic name	Oral dose,mg	Interval	Comments
Codein	30-60	q4h	nausea common
Oxycodone	5	q4-6h	usually available with aspirin
Morphine	10	q4h	
Morphine, sustained release	90	q12h	oral slow release
Hydromorphone	2	q4h	shorter acting than morphine
Levorphanol	2	q6-8h	longer acting than morphine
Methadone	10	q6-8h	delayed sedation due to long half life
Meperidine	75-100	q4h	poorly absorbed orally
Fentanyl			parenteral and patch
Anticonvulsants and related drugs			
Generic name	Oral dose,mg	Interval	
Phenytoin	100	q6-8h	
Carbamazepine	200-300	q6h	
Clonazepam	1	q6h	
Mexiletine	150-200	q4-6h	
Gabapentine	300-2700	q8h	

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nonpainful cold  
allodynia

4. 가

1) 가 (lancinating)  
(paroxysm)

(scalding), (aching), 2) (distribution of sensory abnormalities on a map)  
(deep soar pain)

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