The Place of Interventional Blocks in the Treatment of Pain Associated with Lumbar Disc Herniation in a Patient with Type 1 Diabetes Mellitus

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Abstract

Introduction: Type 1 diabetes is the most common chronic disease of childhood. It is characterized by the deficiency of the insulin amount produced by the beta cells of pancreas, resulting in insufficiency of complete insulin diagnosis. Treatment of type 1 diabetes is the injection of synthetic insulin into the body, even at the beginning of the disease. Here we are presenting a case of interventional block application in treatment of pain caused by lumbar disc herniation in a patient with type 1 diabetes mellitus.

Case: 22 years old male patient. The patient who has been followed up for 8 years for type 1 diabetes mellitus has been suffering from lumbar pain due to lumbar disc herniation for the last 2 years. Pregabalin 75mgX2 is administered in the beginning here. Surgical operation was proposed after no response to treatment. The patient did not accept the surgical operation and applied to the algology polyclinic. VAS due to lumber pain was 8-9 when he came to us, FBG was 315, and HbA1C was 11. The dose of insulin he used was 12U. We told him to continue his previous treatment for lumbar pain and planned an interventional block. We first applied caudal epidural block, and 15 days later we applied caudal epidural block + lumbal paravertebral block, and 15 days later we applied caudal epidural block + lumbal paravertebral block + lumbal facet joint block. He was called for control after 15 days, VAS was 1-2 in the control. After that, the previous 3 blocks were repeated and he was asked to come to control 1.5 months later. In the control VAS was to decreased 0-1, FBG to 130, HbA1C to 9, and insulin dose to 6U. After that he was asked to come to control 3 months later.

Conclusion: With the application of these interventional blocks, sympathetic block, parasympathetic activity and vasodilatation and accordingly oxygen increases in the damaged area. We think that the decrease in lumbar disc pain, FBG and HbA1C values as well as in the required insulin value is due to this mechanism.