

## Capsaicin for post-surgical neuropathic peripheral pain – calculation of allodynia area



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### Backgrounds e aims

Capsaicin 8% patch is indicated for the treatment of peripheral neuropathic pain in non-diabetic adults either alone or in combination with other medicinal products for pain. There is scarce information on results of capsaicin treatment for postsurgical neuropathic peripheral pain. Our aim is to correctly evaluate the area variation of the capsaicin patch between first and last treatment in patients with postsurgical neuropathic peripheral pain.

### Methods

In order to compare patch areas of sequential treatments we manually calculated the area of sequential patches. Recognizing the limits of this strategy we have implemented the use of an application which allows area calculation from a photo of the patch.

We selected patients with postsurgical neuropathic localized peripheral pain referred to pain clinic between 2012 and 2015. We compared the area of capsaicin patches from sequential treatments using SketchAndCalc™ - Area Calculator. Descriptive statistics were calculated with PSPP software.

### Results

We recruited 10 patients which completed the treatment in a mean of 4 sessions. From the first to the last treatment there was a mean area reduction of 55,82cm<sup>2</sup>, SD of 149,21cm<sup>2</sup>. The mean percentage modification of the last patch from the first one was 25,4% with SD of 38,7%.

Patient	First treatment (patch area cm <sup>2</sup> - A1)	Second treatment (patch area cm <sup>2</sup> - A2)	Difference A1-A2	% of reduced area
A	235,16	132	-103,16	43,87
B	107,81	104,96	-2,85	2,64
C	511	544	33	-6,46
D	58,48	37,94	-20,54	35,12
E	418,64	583,14	164,5	-39,29
F	398,31	154	-244,31	61,34
G	100,81	72,95	-27,86	27,64
H	317	366	49	-15,45
I	510,34	154	-356,34	69,82
J	66,83	17,23	-49,6	74,22

### Conclusions

Accurate calculation of patch area allowed precise documentation of therapeutic evolution. For capsaicin treatment this could allow crucial information for follow-up of patients.

Sources: 1. Ther. Adv. Neurol. Disord. 6, 287–297 (2013)  
2. Br J Anaesth 107: 490–502  
3 J Palliat Med. 2012;15:946–947