



Neuropathic pain is due to a nerve abnormality. The pain is usually described as acute (short-lived) or chronic (long-lasting). With neuropathic pain, the nerve fibers themselves may be damaged or injured. They then send incorrect signals to other pain centers. Neuropathic problems do not completely go away, but partial improvement is often possible with proper treatment.

CAUSES

Chronic pain can result from:

- Disease, such as diabetes or shingles
- Alcoholism
- Trauma
- Surgery
- Amputation (phantom limb pain)
- Facial nerve problems (trigeminal neuralgia)
- Reflex sympathetic dystrophy.
- Pain which comes with cancer and cancer chemotherapy
- HIV Infection or AIDS where nerves are infected by viruses
- No known injury or disease. The nerves are sending pain messages, even though there is no identifiable cause for such messages.

Acute Neuropathic pain can occur with:

- Shingles
- Injury to a peripheral nerve
- Entrapment neuropathy such as when pressure is put on a nerve such as in carpal tunnel syndrome
- Back, leg and hip problems (sciatica)
- Spine or back surgery

SYMPTOMS

- Severe, sharp, electric shock-like, shooting, lightning-like or knife-like pain
- “Pins and needles” sensation
- Deep burning, deep cold or deep ache
- Persistent numbness, tingling or weakness
- Pain resulting from light touch or other stimulus that would not usually cause pain
- Increased sensitivity to something that would normally cause pain, such as a pinprick

TREATMENT

- Medication
 - Antiseizure
 - Antidepressant

SEEK IMMEDIATE MEDICAL CARE IF:

- There is a sudden change in the quality of your pain, especially if the change is on only one side of the body.
- You notice changes of the skin such as redness, black or purple discoloration, swelling or an ulcer.
- You cannot move the affected limbs.