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European Stroke 2020: Diagnosis of complex regional pain syndrome type 1 in a patient with corticobasal degeneration: a case report

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Here, we report a patient with corticobasal degeneration (CBD) who was also diagnosed with complex regional pain syndrome type I (CRPS I), which has similar clinical characteristics. A 76-year-old man who had been diagnosed with CBD several years prior presented with asymmetric severe pain, postural instability, limb rigidity, limb dystonia, tremor, ideomotor apraxia, and bradykinesia especially on his left upper extremity on admission at our rehabilitation center. Due to the severe pain on his left upper extremity with a visual analogue scale (VAS) score between 8~9, he could neither transfer well nor lie on his left side, and he woke up from his sleep more than 10 times during the night due to severe pain. Additional physical examination showed darkened skin color change, edema, reduced skin elasticity, cold skin temperature, wet skin, and limited range of motion of the left side compared to the right side. A three phase bone scan showed increased blood flow, pool, and delayed periarticular uptake in the left wrist and hand as well as relatively increased bone and joint uptake in the left upper extremity, which is indicative of typical CRPS I. Therefore, we initiated treatment for CRPS I, including steroid pulse therapies and non-steroidal anti-inflammatory drugs; subsequently, his left extremity pain reduced from a VAS score of 8~9 to 3 and his functional level also improved. To the best of our knowledge, this is the first report of a CBD patient being also diagnosed with CRPS I. Given their similar clinical features, clinicians should always consider the differential diagnosis of CRPS I from CBD. Moreover, proper management based on a precise diagnosis is important because these symptoms affect the patients' quality of life and activities of daily living.

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