GENETICS AND GENODERMATOSES

DIFFICULTIES IN PAIN MANAGEMENT IN A PATIENT WITH EPIDERMOLYSIS BULLOSA DYSTROPHICA GRAVIS.

Katarzyna Osipowicz [1] - Katarzyna Wozniak [2] - Karolina Domaracka [3] - Marcin Kolacz [3] - Dariusz Kosson [3] - Cezary Kowalewski [1]

Infant Jesus Hospital, Department Of Dermatology, Warsaw, Poland [1] - Infant Jesus Hospital, Department Of Dermatology, Warsaw, Poland [2] - Infant Jesus Hospital, Department Of Anaesthesiology And Intensive Care, Warsaw, Poland [3]

Introduction: Epidermolysis bullosa (EB) is a rare genetic skin condition characterised by blister formation, related to mutations in the COL7A1.

Summary: We present 22-year-old patient with DEB and associating disorders: undernutrition, anaemia, hypoalbuminemia, osteopenia, vitamin D insufficiency and temporary mood depression. Since 17 years of age, he has been treated for pain relief with tramadol, paracetamol and codeine. A year before hospitalisation, pregabalin and duloxetine was introduced, initially with a good response. During the hospitalisation the pain was assessed as 8-10 on the Numeric Rating Scale (NRS); buprenorphine in skin patches was added without satisfying improvement. Therefore, tapentadol by mouth was administered instead of buprenorphine. Topical silver dressings were recommended. Intravenous antibiotics iron and nutrient fluids were given. In the Pain Management Centre, an increase in pain intensity and a severe depression with insomnia was found; NRS score was 6-9, in the pain DETECT Questionnaire the patient scored 22, which was the reason for starting neuropathic pain treatment. The treatment plan was revised. Duloxetine, pregabalin, baclofen, mianserin were used; tramadol and paracetamolu were reintroduced, and tapentadol was discontinued. Finally, the reduction of pain to 4-5 on the NRS was achieved, depression symptoms were relieved, and insomnia was alleviated.

Conclusion: Pain complaints are complex of acute, chronic receptor and neuropathic pain. . Achieving remission and wound healing are priorities. In case of EB, the wounds were chronic with remission and exacerbation periods. In order to improve the quality of life, the patient should have be given selected individual analgesics.