Symposium B: Intractable Pain

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S-B-1. Experience in the Treatment of Intractable Pain by Frontal Cingulumotomy

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In the recent days, thalamotomy is the treatment by choice for relief of intractable pain. It has been reported that the frontal cingulumotomy is of benefit for intractable pain accompanied by emotional factor.

In our department, frontal cingulumotomy were applied to 11 incurable cancer patients complaining of intractable pain. After operation, the expression of all patients became cheerful except it one case, and there were no complaints of pain. The follow-up effects of pain relief were observed from 6 days to 4 months. In 5 cases slight pain was complained on the 10th postoperative day. Other neurological disturbances or side effects were not recognized.

The clinical effects of cingulumotomy were studied in the 9 autopsy cases. The cases, in which the target point was precisely aimed and done bilaterally had the best clinical effect.

From these results, frontal cingulumotomy is considered to be effective in relieving intractable pain, and above all, its operative technique is simple and safe. Bilateral cingulumotomy appeared to be more effective than unilateral cingulumotomy.