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EVALUATION OF ADDING HYALURONIDASE TO TRIAMCINOLONE IN FLUOROSCOPICALLY GUIDED TRANSFORAMINAL EPIDURAL INJECTION FOR LUMBAR RADICULOPATHY

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Background and aims: Epidural steroids injections such as triamcinolone and dexamethasone by transforaminal or interlaminar approaches are commonly used for the treatment of radicular symptoms with various degree of success. The aim of this study was evaluation the effects of adding hyaluronidase to triamcinolone in fluoroscopically guided transforaminal epidural injection in patients with failed back surgery syndrome (FBSS).

Methods: In a double blinded RCT study, 25 patient with lumbar radiculopathy due to failed back surgery syndrome (FBSS) who candidated for fluoroscopically guided transforaminal epidural injection, were randomly allocated into T (triamcinolone) and HT (hyaluronidase and triamcinolone) groups. The procedure was performed in the interventional pain operation room, Rasoul-Akram Hospital, under aseptic conditions and with blunt curved needle. After injection of contrast media and correct needle placement in T group, bupivacaine 0.5% (1ml), triamcinolone (40mg), hypertonic saline 5% (1ml) and normal saline (1ml) was injected per each nerve root. In HT group, hyaluronidase (1500IU) was administrered instead of normal saline. Patients were evaluated in recovery room and in 1, 2, and 4 weeks later considering pain score, satisfaction and neurological examinations. In the case of pain, using celecoxib 100mg was advocated.

Results: Pain relief and patient satisfaction were significantly higher in HT group and total analgesic consumption was statistically lower in HT group that T group ($p<0.05$). Effectiveness of technique (more than 50% pain relief) was statistically meaningful 2 weeks after performance in HT group.

Conclusion: Our data suggest addition of hyaluronidase to triamcinolone for transforaminal epidural injection, in patient with lumbar radiculopathy due to FBSS causes more pain relief without any complications