

Physician's Medical/Legal

Consultants of Texas, LLC

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Newsletter

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This Month's Question:

Can Fibromyalgia be caused by trauma?

PMLCtex Answer:

We recently had a case of a properly seat-belted 39-year-old woman who was driving on a two-lane county road. She was struck on the front driver's side by a drunk driver in a small pickup truck. The airbags did not deploy. This woman initially did not think she was seriously injured but was later diagnosed with a concussion.

The client was immediately taken to a local ER and thought to have soft tissue injuries to her chest and left shoulder along with neck strain. She was treated and released from the ER after having negative x-rays.

The client continued to have chest, neck and left shoulder pain. She was referred to an orthopedic surgeon who did MRI's of her cervical spine and shoulder that were read as normal. The client was then prescribed physical therapy which not only failed to help but actually aggravated her symptoms.

On return to her orthopedic surgeon after PT, the doctor expressed concern because of the client's persistent pain symptoms that should have been resolved by this time. Due to continued symptoms, a three-phase bone scan was done. The scan was negative but did show some increased activity in her clavicle and anterior shoulder along with increased activity in her left upper chest where the client had continued pain and tenderness.

The client's symptoms continued, and she developed other areas of pain and tenderness. A second orthopedist was seen after several months and again no specific diagnosis was made. The client was then referred to a rheumatologist who diagnosed fibromyalgia possibly related to her auto crash. The rheumatologist also noted possible post-concussion symptoms. The client continues to be followed by the rheumatologist and a neurologist.

In addition, the client is missing more & more time at work and has had significant changes in her activities of daily living and with family interactions due to muscle pain and fatigue. She also developed pain under her left breast that resulted in a positive thermography test but with no evidence of an underlying cancer. After almost a year post auto crash the client has had no improvement in symptoms. She is likely to have lifelong symptoms and was given a delayed diagnosis of Fibromyalgia as no direct link was initially made between the auto crash and her symptoms. However, on closer examination, there is a direct link.

Fibromyalgia is now recognized as a disease but is still poorly understood. The exact trigger for the disease is not clear but trauma has been reported to precede its development. We have clues in this case that with her traumatic injury there was enough inflammation developing to be picked up with the increased flow of blood in the bone scan and the increased heat seen in the thermography. The client had negative CT's and MRI's because there was no structural damage to be visualized.

With traumatic injury there are events that occur at the cellular level that are thought to change the interactions at nerve endings leading to increased sensitivity to signals, including pain signals.

With Fibromyalgia there is a dysregulation of pain processing. This dysregulation has been shown throughout the nervous system. Central nervous system (brain and spinal cord) sensitization is often considered the main mechanism involved where there is an increased response to stimulation mediated by central nervous system signaling. This client demonstrated early on a physical exam when first seeing the orthopedist that she was very tender with just light touch (allodynia is defined as pain where it is not usually present).

New functional neuroimaging studies have shown that various areas of the brain are involved in this whole complex process. Medical literature indicates that this whole process is activated by an inflammatory response at the cellular level as in response to, for example, traumatic injury in an auto crash.

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