The purpose of this clinical study was to present our experience in the management of various types of injection-related peripheral nerve injuries and discuss various issues that are associated with this subset of peripheral nerve injuries” Desai et al (2019).

Abstract:

OBJECTIVE: A retrospective analysis of surgically treated 354 cases of injection-related iatrogenic peripheral nerve injuries was performed. The purpose of this clinical study was to present our experience in the management of various types of injection-related peripheral nerve injuries and discuss various issues that are associated with this subset of peripheral nerve injuries.

METHODS: Over a 17-year period, 354 cases of injection-related iatrogenic peripheral nerve injuries were managed surgically at the Department of Neurosurgery at P.D. Hinduja Hospital and Seth G S Medical College, Mumbai. In our series, the injection-related iatrogenic nerve injuries were following intramuscular injections, brachial nerves block procedures, subclavian and jugular venous cannulation procedures for central line placements, and routine intravenous injections in the peripheral veins of the limbs. The age of the patients ranged from 5 years to 65 years. Pain, paresthesia, and sensory-motor deficits were the common presenting features in our series. The operative procedures performed in our series were external neurolysis and excision of neuroma/contused portion of the nerve and sural nerve cable grafting. The follow-up ranged from 6 months to 84 months. There were no major
intraoperative complications in our series.

RESULTS: In our series, functional improvement (power grade 3 or above) was noted in 190 (53.7%) patients following surgical intervention. In 164 (46.3%) patients, there was either a non-functional status or no recovery. Neurological deterioration in the form of motor weakness was noted in 9 (2.5%) patients in our series after the surgery. The best results (90.1%) were noted with radial nerve repair following surgical intervention.

CONCLUSION: Injection-related iatrogenic nerve injuries are not an uncommon problem. Surgery should be the preferred treatment option when the injured nerve fails to recover following the insult. The results are rewarding in a significant percentage of patients following timely intervention. The problem of litigation attached with this type of injury is also highlighted.

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