

Letters to the editor

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Unnecessary musculoskeletal MRIs

During these unprecedented times, we really need to be mindful of our limited resources. As an orthopaedic surgeon, I am seeing more and more unnecessary musculoskeletal MRI scans ordered for arthritic problems. This is increasing the wait list for the investigation and adding a great deal of cost to our system. The government keeps spending more to keep up with the demand for the scans. However, we really need to focus on establishing better criteria for when to order the scans to decrease unnecessary tests. In my practice, at least 75% of the scans I see in referrals did not need to be done in the first place. They did not help with the diagnosis or aid in treatment decisions.

—Kostas Panagiotopoulos, MD
West Vancouver

Re: Phantom limb pain

Dr Willms provided an excellent brief review of treatment considerations for patients with phantom limb pain [*BCMJ* 2021;63:291]. Dr Willms correctly indicated that phantom limb pain is not solely a result of centralized pain but a number of patients with phantom limb pain have centralized neuropathic pain. Dr Willms did not review standard pharmacological treatment for patients with centralized neuropathic pain. Standard pharmacological treatment includes either antidepressant medication, particularly tricyclic antidepressant medications and serotonin-norepinephrine reuptake inhibitors (SNRIs), or antiepileptic medications (such as gabapentin or pregabalin). Gabapentinoids, such as gabapentin and pregabalin have been shown to be efficacious in various neuropathic pain conditions, including phantom limb pain. Pregabalin may provide analgesia more quickly

than gabapentin, is better absorbed and has higher bioavailability. Tricyclic antidepressive medications, such as nortriptyline (which has fewer side effects than amitriptyline), have analgesic effects for a variety of chronic pain states with or without coexisting depression. The SNRI antidepressant duloxetine has a large evidence base to support analgesic efficacy. Some patients with phantom limb pain can also benefit from topical agents, although they are usually prescribed as an adjunct to systematic medication. Cannabinoid-type drugs, such as cannabidiol, have not been extensively studied but may also have some benefit for this patient population.

Non-pharmacological intervention, as reviewed by Dr Willms, needs to be considered in all phantom limb pain patients, particularly if pharmacological strategies are ineffective, cause drug interactions, or cause significant side effects. Patients also need to be evaluated and treated for secondary emotional difficulties, including anxiety and depression, because both anxiety and depression increase pain perception and negatively affect one's ability to cope with phantom limb pain.

—Stephen D. Anderson, MD, FRCPC
Vancouver

Re: Phantom limb pain. Author replies

Thank you for your interest in phantom limb pain management. It is true that the original article did not detail the specific pharmacologic options, but as you noted, gabapentinoids, tricyclic antidepressants, and selective norepinephrine reuptake inhibitors are indeed commonly used agents for the management of neuropathic pain. Clinically, topical agents may be more effective for allodynia or hyperaesthesia. Injection

options include corticosteroids, botulinum neurotoxin, and phenol (chemical nerve ablation) or thermal (radiofrequency or cryo) disruption of nerves.

A specific goal in writing this brief review was to encourage clinicians to look for and identify root causes of pain, as this may lead to focal, specific, and sometimes more definitive treatment of phantom limb pain. A symptomatic neuroma is only one of several causes of phantom limb pain that may be amenable to focal treatment. Recently, a patient's phantom upper limb pain dissipated with a trigger point injection into the ipsilateral levator scapula!

I agree that it is relevant and important to screen for depression, anxiety, and posttraumatic stress, as this is always a part of the holistic approach to managing pain. For amputees, a thorough evaluation of phantom limb pain includes a review of prosthetic, biomechanical, anatomic (neuromusculoskeletal and vascular), metabolic, and psychologic function. Having a team approach allows for the breadth of skills required to address the initiating and perpetuating factors leading to phantom limb pain.

—Rhonda Willms, MD