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Management of Chronic Pain and Disabilities in Post Tuberculous Meningitis Sequelae (TBM) (Atrophic Muscles of Upper and Lower Limbs with Deformities) with Low Dose Neuromodulators and Painkillers along with Safer Muscular Interventional Approach Ultrasonography Guided Dry Needling (USGDN): A Case Report

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1. Aims

To present novel perspective of myofascial pathology (neuromyopathy) as cause of pain in post TB Meningitis sequelae. To describe a newer muscular interventional approach (USGDN)

2. Introduction

26 yrs Female, post TB Meningitis sequelae on antiepileptics tab. Eptoin (50mg) bd, tab. Carbimazole H/o TBM tuberculoma at the age of 16 yrs

Prolonged ICU admission and bedridden for 2 years

Pain clinic: At 26 yrs, 10 years post TBM

Presented with pain in neck, back, UL, LL with muscle atrophy, foot inversion deformities with antalgic gait and dystonic movements. Patient was walking with support, unable to perform routine personal activities and physiotherapy. NRS 8/10, disability scores of upper and lower limbs were Disability of Arm, shoulder hand (DASH) 78, Lower extremity functional scale (LEFS) 4

Continued medications, started tab. Pregabalin 75 mg od, tab. pyroxicam 20mg.20 % relief after 10 days with persistent disabilities.

Started USGDN with 32 G needles, 2 sessions per week. After 6 sessions 90% improvement in pain and disabilities, able to do household activities independently like taking bath, vessel cleanings etc.

Medications continued but USGDN discontinued in covid pandemic for 2 years. Pain restarted NRS 4/10 with no deterioration in disabilities.

After 4 sessions complete pain relief with improvement in disabilities. Post 7 sessions pain relief with DASH 17, LEFS 60

Physiotherapy started, referred to ortho for foot deformities.

3. Discussion

The motor neuropathy (neuromyopathy) due to underlying atrophic fibrosed muscles leads to generation of myofascial trigger points (MTrPs) and taut bands gives rise to myofascial pain syndromes (MPS) results in incoordinate movements with disabilities.

Insertion of a needle in MTrP produces a local twitch reflex (LTR) in muscles that produces relaxation and reduction in pain.

4. Conclusion

Considering neuromyopathy as cause of pain, USGDN proved to be effective, safer and affording modality in relieving pain and disabilities.