Carpal tunnel syndrome is one of the most common peripheral entrapment neuropathies and is associated with substantial direct medical costs and with economic costs in terms of man day loss and possible continuing disability. Workers employed in occupations involving exposure to high pressure, high force, repetitive work, and vibrating tools are most at risk for developing carpal tunnel syndrome. Some reports indicate that the incidence of this syndrome is increasing.

A patient with mild symptoms of carpal tunnel syndrome can be managed with conservative treatment, particularly local injection of corticosteroids with or without insulin, splinting of the wrist, ultrasonic therapy, physical therapy, acupuncture, diuretics, oral vitamin B6, non-steroidal anti-inflammatory drugs, or antiepileptic drugs. However, in moderate to severe cases and cases unresponsive to conservative measures can be managed surgically with carpal tunnel release. Even though surgery for carpal tunnel syndrome is generally considered safe and effective, the possible risk associated with surgery and the potential for complications may contribute to the preference of some patients for nonsurgical treatment.

The chronic form of carpal tunnel syndrome is the most common form and symptoms can persist for months to years. However, in only 50% of cases is the cause identified, and can be divided into local, regional and systemic causes. It is very important to know if the carpal tunnel syndrome is primary or idiopathic or secondary to an underlying cause to choose the treatment. In the article by Erdemoglu et al., a comprehensive medical and neurological evaluation was performed in order to exclude neuropathy of other etiologies.

Invited Commentary

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Gabapentin is an antiepileptic drug approved by the Food and Drug Administration as a first-line and as an adjunctive agent for the treatment of partial seizures. It has been also reported to be effective in several series of patients with different types of pain syndromes (e.g., neuropathic pain, postherpetic neuralgia etc.). Several studies that have been published try to demonstrate the effectiveness and the safety of antiepileptic treatments.
like gabapentin in the neuropathic pain of carpal tunnel syndrome. Taverner et al.,[8] found that gabapentin was effective in the reduction of pain and improvement of the severity of the symptom. The drug was safe and well tolerated. In this study the dosage and titration of gabapentin was similar to the other study and the side-effects were transient and mild. The most frequent side-effect was dizziness and nausea.

Finally, the authors use a self-administered questionnaire for the assessment of the severity of symptoms and functional status in patients who have carpal tunnel syndrome.[4] Levine et al.,[9] concluded that the scales for the measurement of symptoms’ severity and functional status are reproducible, internally consistent, and responsive to clinical change, and that they measure dimensions of outcomes internally. They recommended that the scales should enhance standardization of measurement of outcomes in studies of treatment for carpal tunnel syndrome.

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