

Irrepressible pain treatment: Small Auto Emo Infusion and subcutaneous infiltrations of oxygen-ozone monitored with echography

Roberto Morello, Marina Piccoli

Oxygen-Ozone Therapy Scientific Society, Gorle (BG), Italy

Abstract

This is a case of an 82-year-old woman with a two year left coxalgia, following a complete hip prosthetic implant, treated with an oxygen-ozone therapy cycle (5 ng subcutaneous infiltrations and 10 ng small artery elasticity index).

Case Report

In 2014, an 86-year-old woman affected by left hip osteoarthritis (grade 3 of Kellgren and Lawrence system for classification of hip osteoarthritis)^{1,2} was treated with complete prosthetic implant of the hip.

During these two years, the patient suffered of a chronic hip drug-resistant pain. She tried to assume non-steroidal anti-inflammatory drug (NSAID), opioid drugs, sedatives drugs without any satisfactory result.

In April 2016 she came to my ambulatory with an important hip pain, and an important functional limitation of the hip. In May 2016 she started an oxygen-ozone therapy cycle with Small Auto Emo Infusion and subcutaneous infiltrations in the cutaneous projection of the hip. In a one-month treatment, consisting in 3 Small Auto Emo Infusion and 8 subcutaneous infiltrations, pain symptoms disappeared and she had an important increase of the hip function.

Correspondence: Roberto Morello, Oxygen-Ozone Therapy Scientific Society, Via Roma 69, 24020, Gorle (BG), Italy
E-mail: dott.robertomorello@gmail.com

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Discussion and Conclusions

Thigh pain syndrom³ is a painful syndrome of the hip that can occur after hip replacement with complete prosthetic implant. This syndrome is characterized by chronic hip pain, both at rest and during walking, and an important articular limitation.

An 82-year-old woman came to my ambulatory in April 2016 suffering from a two years hip pain following surgery with a complete prosthetic implant of the hip for coxarthrosis. The patient also showed a passive range-of-motion (ROM) of the hip consisting in flexion 30°, extension 3°, abduction 8°, adduction 5°, intra and extra rotation 5°. The patient also had pain, resistant to all drug treatment proposed (NSAID, opioid drugs, sedative drugs) during the whole day for two years. She had a visual analogue scale (VAS) of 9/10 and a numeric rating scale (NRS) of 9/10.⁴ She also had an important hip discomfort studied by Lequesne index of the hip that showed a score of 18/24.⁵⁻⁷

She brought a hip x-ray that showed a correct implant of the prothesis and no significant bone signs. She also made an echography of the hip that showed an ileo psoas bursitis and nonspecific inflammatory signs of the periarticular tissues studied by power Doppler parameter (Figure 1 A, B).⁸

I decided to treat this pain with Small Auto Emo Infusion and subcutaneous infiltrations of oxygen-ozone (O₂-O₃).

Small Auto Emo Infusion was given with a frequency of one each 10 days. I used 10 cc of O₂-O₃ with a concentration of 10 ng mixed with 10 cc of autologous venous blood. Subcutaneous infiltrations were administered with a frequency of one each 4 days. I used 5 cc of O₂-O₃ with a concentration of 5 ng for each subcutaneous point treated. I treated the points of the cutaneous projection of the hip (proximal region of the thigh, anterior and posterior and the inguinal region).

After a one-month treatment we had incredible results in subjective symptoms studied by the VAS, NRS and Lequesne index and in objective tissue response studied by echography (Figure 1 C, D).

VAS underwent to 2/10, NRS underwent to 1/10 and Lequesne index underwent to 7.5/24. She also referred to me a significant improvement of the quality of life. The echography showed a healing of the ileo psoas bursitis and a reduction of the periarticular inflammation showed by a modification of the power Doppler parameter.

The passive ROM of the hip also increased. She showed in fact flexion 60°, extension 5°, abduction 25°, adduction 15°, intra and extra rotation 10°.

After this first phase of the treatment, the patient will return to my ambulatory once a month to have Small Auto Emo Infusion and subcutaneous infiltration with the same parameters to maintain these results and to give her a satisfying quality of life.

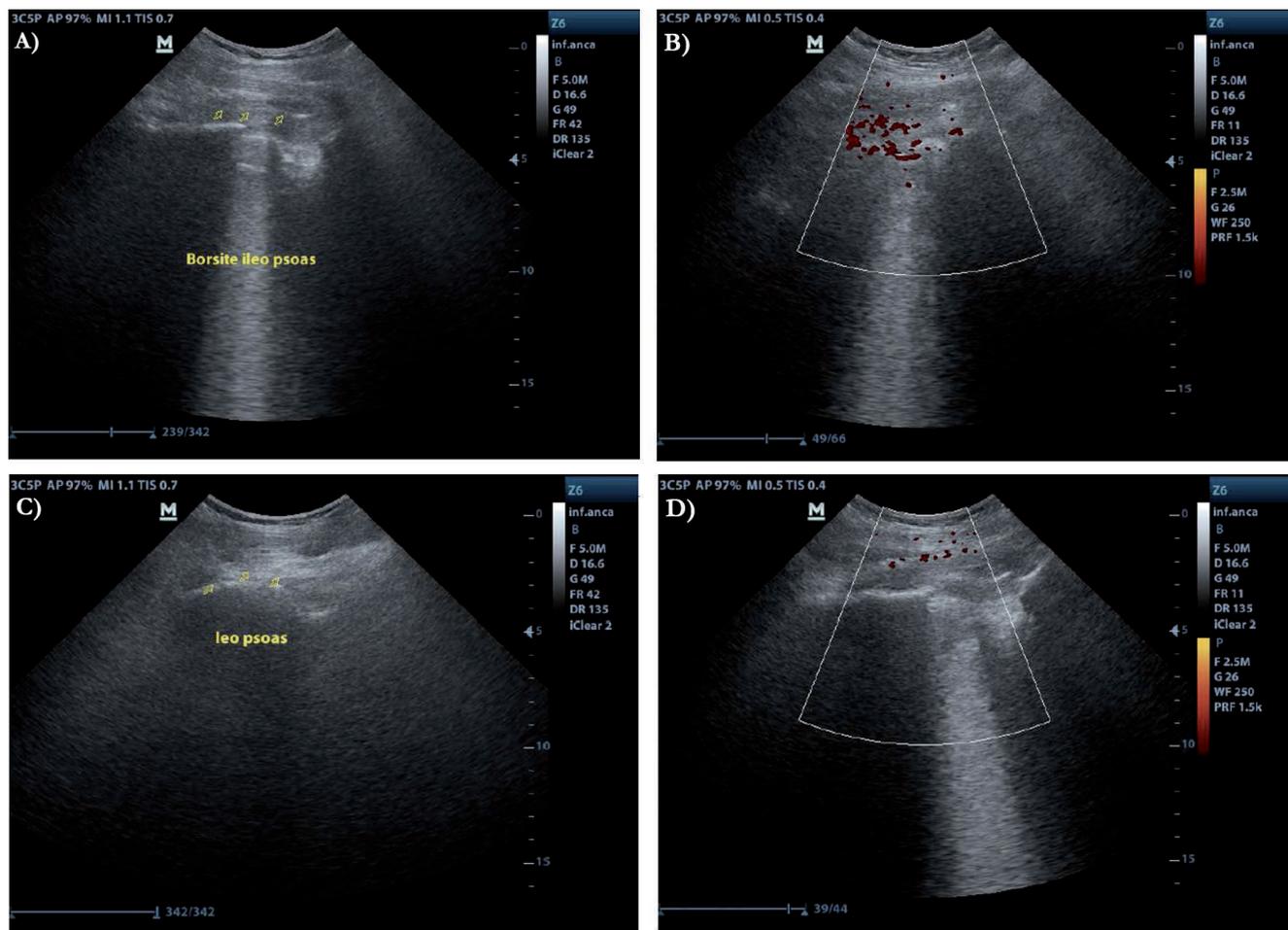


Figure 1. A) Ileo psoas bursitis; B) inflammatory signs with power Doppler; C) healing of the ileo psoas bursitis after one month treatment; D) decrease of the inflammatory signs with power Doppler after one month treatment.

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