

From the Book:

Chronic Pain: Reflex Sympathetic Dystrophy Prevention and Management

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### **Etiology of RSD**

Contrary to general impression, trauma is not at the top of the list in the etiology of RSD (Table 12). Other diseases are more likely to be complicated by RSD. The factors that contribute to the development of RSD in different illnesses are

1. Chemical, e.g., chemical burns are quite frequently accompanied by RSD.
2. Anatomical, such as disruption of myelin in diabetic neuropathy.
3. Vascular, such as disturbance of microcirculation in diabetic neuropathy.
4. Electrical, such as causalgia, electrical injuries, bullet injuries, sharp object injuries.
5. Infection, e.g., postherpetic neuralgia.
6. Demyelination, multiple sclerosis and diabetes.
7. Hyperpathic pain generated by diseases such coronary artery insufficiency and heart attacks that result in shoulder-hand syndrome.

Chemical burns are at the top of the frequency list, followed by postherpetic neuralgia, electrical injuries, and diabetes (Table 12).

**Table 12**  
**Etiology of RSD**

<b>Etiology of RSD</b>	<b>RSD/total<sup>a</sup></b>	<b>Percent</b>
Chemical burns (causalgia)	4/5	80
Postherpetic (neuralgia) (face, eyes, trunk)	31/39	79
Electrical injuries (causalgia)	33/42	72
Spinal cord tumor	4/17	57
Diabetic neuropathy <sup>b</sup> (neuropathic pain)	18/54	33
TMJ disease	3/11	27
Posttraumatic	101/482	21
Cervical spondylosis	42/328	12
Multiple sclerosis	20/182	11
Atypical facial pain		(2.4)
Trigeminal neuralgia		(4.5)
Extremities RSD		(3)
Dysautonomic attacks		(1)
Diarrhea		
Coronary disease	6/69	9
Stroke Thalamic infarct with thalamic pain, RSD of disuse in spastic extremity	18/223	8

<sup>a</sup> Incidence of RSD was determined with the help of thermography. To estimate the figures without the use of thermography, divide by 4.

<sup>b</sup> Stewart et al.<sup>58</sup> found sympathetic involvement in 80% of such patients.