



Question #28:

Re: Leg Pain

Q More than seven years after a stroke which left me both slightly aphasic and with right-sided weakness, a series of 3-monthly Botox injections gave me greater mobility and improved use of my right hand. I no longer have access to the same Botox provider, and three years' later, the injections don't seem to be as successful. In addition, I am experiencing so much pain in my right leg that sometimes it is almost impossible to move around; the pain is often accompanied by swelling of the leg. Would a return to my original provider reverse this problem or do you think there is another cause?

Answered by:

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Answer:

A This is a question which is almost impossible to answer without direct examination. It is difficult to know whether there has been increased spasticity in the leg, which might respond to additional Botox. This person is suffering from post-stroke pain, which is incredibly common, and yet not a uniform condition. Some types of post-stroke pain are related to reorganization within the brain itself. This type of pain usually consists of severe electric shock-like sensations or a tingling/burning pain. This type of pain is difficult to treat but tends to respond to medications such as Lyrica or Neurontin. From the description of the pain, this does not seem to be the case. The other type of post stroke pain is much more mechanical, and, again, can have many different explanations, but usually boils down to some type of orthopedic problem. From the description of the swelling, this may be more likely. Perhaps the leg is being subjected to unusual weight bearing or mechanical stresses due to some residual weakness or even spasticity. This may respond to specific exercises or physical therapy. I don't know who provided the Botox injections the first time, but it may not be a simple matter of getting more Botox. In my experience, the best clinicians in this scenario are the physiatrists (rehabilitation specialists). They have a broader view than do most neurologists (with all due respect to my colleagues). They tend to examine the situation both from a neurological perspective and also from an orthopedic

perspective. If the first provider who administered the Botox is indeed a physiatrist, I would suggest returning to that provider. If not, then I believe that this person will benefit from being evaluated by a physiatrist. Sorry I can't be more helpful.