



RESEARCH
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(224) Bilateral neuropathic leg pain a manifestation of a rare disorder: Cowden syndrome - a case report

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First described in 1963, Cowden syndrome is a rare disorder inherited in an autosomal dominant manner. 85% of them have a detectable PTEN mutation. 34 year old male with history of schizoaffective disorder and seizures presented with bilateral stabbing leg pain and numbness. His pain radiates from his back to the lateral, medial and posterior side of his both legs. He had a thyroid nodule, left sided gynecomastia, small papules on his face and his head circumference was at the 97th percentile. His mother, sister and son have macrocephaly, multiple lipomas and cancers. PTEN genetic testing came back positive for the Y16X mutation in the PTEN gene. Nerve conduction studies did not show any evidence of lumbosacral radiculopathy or peripheral polyneuropathy in the lower extremities. EMG was not indicated per neurology. MRI of the entire spine showed only early degenerative changes in the cervical spine. PET scan was nonsignificant. He was tried on number of medications including duloxetine, pregabalin, hydrocodone and NSAIDs. He was finally started on neurontin and his pain dramatically decreased after he reached the dose of 2400 mg/day. A colonoscopy showed multiple ganglioneuromas. The PTEN gene encodes the phosphatase and tensin homolog (PTEN) protein and regulates the cell cycle. Thus PTEN acts as a tumor suppressor. A mutation of this gene leads to the development of many cancers as well as non-cancerous growths. Among the few CNS manifestations this is the first case report of neuropathic leg pain associated with this syndrome.

(225) Withdrawn

B15 Pain in the Elderly

(226) An exploration of the importance of family for older people with chronic pain

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Chronic pain affects people not only biologically and psychologically but also socially. This study, part of a major investigation into the impact of chronic pain on older people, aimed to gain insight into issues linked to family from the viewpoint of older people with chronic pain. Face-to-face semi-structured interviews with adults >65 explored their experiences of living with chronic pain. The interview included a specific question about the importance of family and friends. A subsequent set of focus group discussions were held with similar older adults. A specific part of these discussions explored issues around being a grandparent, an emergent theme from the interviews. Thematic analysis confirmed that family was seen as very important. In particular family was seen as a potentially rich source of emotional support and companionship. Where this was not realised it was linked with siblings having died; sons/daughters being geographically distant, too occupied with busy work schedules and family life of their own; family members being estranged; and family support limited to practical assistance. Other themes were around maintaining independence while being supported by family, and maintaining a role as a parent. A theme emerged around the high value placed on being a grandparent, emphasised in one case where that role was withheld. The theme described living with pain causing problems with grandparenting as well as how grandparenting could be therapeutic. Intertwined with these themes were issues of lack of understanding about the experience of living with pain and difficulty in communication. The focus group discussions reinforced these and also highlighted opinions that grandchildren recognised difficulties and were curious to know about what was happening with the grandparent. These findings underpinned the development of a comic book/graphic novel for younger people to help improve their understanding of the older person's experience of chronic pain.

B16 Pain in Women

(227) Most sexual assault survivors with new moderate or severe pain do not receive medical care in the initial six weeks after sexual assault

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One in 5 US women experience sexual assault (SA) during their lifetime. Studies indicate that persistent pain is a common sequela of SA, but little is known about the health care services (HCS) received by these women. In this prospective observational study, we evaluated HCS received after SA by women SA survivors with and without new moderate or severe pain (NMSP). Women presenting to one of ten emergency care centers in four states after SA enrolled. Initial and six week follow-up interviews included an assessment of pain severity (0-10 scale) in each of eight body regions during the week prior to assault and during the past week, respectively. Six week follow-up interviews also included an assessment of treatments and medications received since SA. NMSP was defined as pain ≥ 4 six weeks after SA in a body region in which pain ≤ 3 was reported during the week prior to assault. Eighty-four SA survivors were enrolled, 75/84 (89%) completed six week follow-up interviews, and 33/75 (44%) had NMSP in one or more body regions. Among women without NMSP, 10/42 (24%) saw a primary care physician, 15/42 (36%) saw a mental health professional, and 14/42 (33%) received follow-up testing. Women with NMSP were more likely to see a primary care physician (16/33 (48%), $p = .028$), but otherwise received care at similar rates as those without NMSP: 15/33 (45%) saw a mental health professional and 14/33 (42%) received follow-up testing. Rates of pain medication use in women with and without NMSP were low and did not differ: opioids (1/33 (3%) vs. 2/42 (5%)); non-opioids (3/33 (9%) vs. 8/42 (19%)). These results suggest that most SA survivors with NMSP do not receive medical care or pain medication in the initial six weeks after SA. Supported by NCCR UL1RR025747 and NIH STRT 5T35DK00738632.