Results Patient reported decrease in the pain, stiffness and improved flexibility with each USGDN session. At 12 weeks she was able to perform her daily activities of life like walking, cooking for one hour, caring for her child and maintaining the house with change in personality and restoration of self-confidence. The first ultrasonography showed severe effusion around the erector spinae muscles, fibrosis and loss of normal muscle architecture in the surgical scar. 6 and 12 week studies showed islands of muscle recruitment, restoration of fascicular pattern in the areas of fibrosis and increase in muscle thickness.

Conclusions Treatment of myofascial pains significantly improved the post-laminectomy pains and disability in this patient.

Methods A convenience sample of 9 patients presenting the Carnett’s sign were enrolled at the Pain Center (CHU de Strasbourg, France) between November 2020 and November 2021. Patients underwent a blockade of the rectus sheath (5 mL, 1% lidocaine). The procedure was considered successful when patients displayed an immediate ≥70% pain reduction on the visual analogic scale (VAS). Regardless of the efficiency of the anesthetic block, we performed pulsed radiofrequency (PRF) on the anterior cutaneous branch. The nerve was located by ultrasound guidance and sensitive neurostimulation (50Hz, 0.3–0.5V) prior to the treatment (3x2 min, 45V, 42°C). Successful response was considered as a ≥50% pain reduction on the VAS at 6 months.

Results 6 patients responded positively to the rectus sheath block. For each of these patients, the effects of PRF were effective for up to 6 months. Conversely, the rectus sheath block failed for 3 patients. Additionally, PRF was ineffective for each of those 3 patients.

Conclusions These results suggest that rectus sheath block is a promising avenue for the diagnosis of ACNES. Confirmation of these results in larger cohorts may lead to improved guidelines for the clinical care of patients with ACNES.