

Best free paper 2 – Chronic pain

OP010 **COMPARISON THE EFFECTS OF TRANSFORAMINAL EPIDURAL AND CAUDAL EPIDURAL INJECTION OF CALCITONIN IN PATIENTS WITH DEGENERATIVE SPINAL CANAL STENOSIS: A DOUBLE-BLIND RANDOMIZED CLINICAL TRIAL**

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Please confirm that an ethics committee approval has been applied for or granted: Yes: I'm uploading the Ethics Committee Approval as a PDF file with this abstract submission

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Background and Aims Lumbar spinal stenosis (LSS) is the most common indication for lumbar surgery in elderly patients. Epidural injections of calcitonin is effective in LSS management. Because the efficacy of different epidural injection methods is different, the aim of this study was to compare the efficacy of transforaminal and caudal injections of Calcitonin in patients with LSS.

Methods In this clinical trial, LSS patients into two equal groups (N=20) A) Caudal epidural calcitonin (50 IU of calcitonin via caudal epidural injection) and B) Transforaminal epidural calcitonin (50 IU of calcitonin via transforaminal epidural injection) were assessed. Visual Analogue Scale (VAS) for assessment of pain and Oswestry Low Back Pain Disability Questionnaire (ODI) for assessment of the patient's inability to stand was used. VAS and ODI score were recorded and analyzed

Results The results showed that caudal and transforaminal epidural injection of calcitonin during follow-up significantly improves pain and inability to stand compared to before intervention ($P<0.05$) and caudal epidural injection of calcitonin after 6 months significantly reduced pain in LSS patients compared to transforaminal epidural injection of calcitonin ($P<0.05$), but no significant difference was observed between the two methods of epidural injection in improving the inability to stand ($P>0.05$).

Conclusions From the results of the present study, it is concluded that epidural injection of calcitonin in long-term follow-up (6 months) has a significant effect on improving pain intensity and mobility in patients with LSS, and this effect on pain, in the case of caudal epidural injection significantly more than transforaminal method.

OP011 **THE ANALGESIC EFFICACY OF LOW POWER LASER IN OSTEOARTHRITIS PATIENTS UNDER TREATMENT WITH PERIARTICULAR STEROID INJECTION**

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Background and Aims Knee osteoarthritis (OA) is a prevalent and disabling disease. Periarticular corticosteroid injection has been traditionally used for the pain control in these patients. Recently low power laser has been introduced as a therapeutic option. This study was conducted to evaluate the efficacy of Low power laser added to periarticular steroid injection for long-term treatment of OA patients.

Methods In a clinical trial, 100 patients with knee OA were randomly allocated to receive either NSAIDS tablets, periarticular methylprednisolone injection and placebo laser (placebo group) or low power laser added to NSAID and periarticular injection (laser group). The laser treatment was applied for 2 minutes in 12 sessions. Patients were assessed 48 hours, 1 month, 3 months and 6 months after treatment regarding their pain, joint stiffness and difficulty doing daily activities.

Results Placebo group showed lower pain scores only in the first 48 hours in all the conditions but in the first, third and sixth months follow-ups pain scores were significantly lower in the laser group rather than the placebo group ($p<0.05$).

Conclusions Steroid injection controlled the pain in the early stages but was ineffective in long-term treatment. Combined treatment with steroid and low power laser can manage the pain up to 6 month.

OP012 **RADIOFREQUENCY THERMOCOAGULATION TO THE ARTICULAR BRANCHES OF THE FEMORAL AND OBTURATORY NERVE IN CHRONIC HIP PAIN**

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Background and Aims The primary aim of our study is to investigate the effects of ultrasonography and fluoroscopy-guided radiofrequency thermocoagulation on the articular branches of the femoral and obturator nerves in chronic hip pain, and the secondary aim of the effects on hip function and quality of life.

Methods Forty-eight patients with hip pain for more than 3 months were included in the study. VPS scale and WOMAC, SF-12 questionnaires were applied to the patients at the 1st, 3rd and 6th months before and after the procedure. BMI, comorbidity, diagnosis, analgesics used and complications were recorded.

Results Hip pain was associated with osteoarthritis in 77.1%, postoperative hip pain in 12.5%, malignancy in 8.3%, and avascular necrosis in 2.1%. The VPS score was 9.0 (6.0-10.0) at baseline, 2.0 (.0-8.0) in the first week after the procedure, 4.0 (.0-9.0) in the first month, 5 in the third month, 5.0(.0-10.0) at the sixth month, and a significant decrease was observed in the VPS score ($p < 0.001$). WOMAC index decreased statistically significantly in the post-procedure period