

3. Cingulumotomy for Intractable Pain especially Psychic Factors

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We have experienced 2 cases of continuous intractable pain even in night, one of which was recurrent cancer of rectum and another was post-cerebral hemorrhage. Both cases were operated Fasc. cinguli stereotactically. After the operation patients had complained pain frequently when patient was leaved alone. However the patients were seen to have no real sever pain because of good sleep in the night and no complaints of pain when talking to other persons. From these fact we have to consider psychic factors of the pain regarding regression and prevision after the cingulumotomy.

4. Some Experiences of Stereotaxic Operation for Intractable Central Pain

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Stereotaxic thalamotomy was performed in 2 patients with intractable central pain.

Case 1) A 48-year-old man with postapoplectic Déjerine-Roussy syndrome underwent radiofrequency-coagulation of nucl. centrum medianum (CM), nucl. parafascicularis (Pf) and basis of ventro-oral nucleus (V.o.-basis) simultaneously. Electrical stimulation of CM and Pf produced burning sensation in the contralateral hemibody. In V.o.-basis stimulation athetoid movements was increased. At the first operation (medial part of CM) pain in face, shoulder and upper extremity diminished on the opposite side and at the second operation (lateral part of CM) pain in lower extremity decreased. Postoperatively intractable pain and involuntary movements diminished, on the other hand all the other sensations became