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ABOUT COVER

Editor-in-Chief of *World Journal of Clinical Cases*, Bao-Gan Peng, MD, PhD, is Professor and Director of the Department of Orthopedics at The Third Medical Center of PLA General Hospital. Professor Peng's research interest is spinal surgery. His career work has generated a multitude of new academic viewpoints and theories, and more than 200 academic papers, published both at home and abroad. In practice, he has systematically elucidated the pathogenesis of discogenic low back pain and established a new minimally invasive treatment method: The intradiscal methylene blue injection. He also revealed and characterized a new pathogenesis of Schmorl's nodes, which is a now a famous concept. Finally, he was the first to discover that ingrowth of Ruffini corpuscles into degenerative cervical disc is related to dizziness of cervical origin. (L-Editor: Filipodia)

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WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

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Editorial for the special issue of the Chinese Association for the Study of Pain

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Abstract

The Ministry of Health of China officially issued a document, adding the first level diagnosis and treatment discipline "Algology" in the list of diagnosis and treatment subjects of medical institutions on July 16, 2007. As the most important pain academic organization in China, the Chinese Association for the Study of Pain has made outstanding contributions in promoting the development of pain discipline and in establishing pain standards and disease diagnosis and treatment guidelines. In this special issue, under the leadership of Yan-Qing Liu, Chairman of the 7th Committee of the Chinese Association for the Study of Pain, nine consensus and one guideline were included.

Key Words: Chinese Association for the Study of Pain; Algology; Pain; Consensus; Guidelines; Recommendations

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Core Tip: Pain medicine has developed rapidly in China and accumulated rich Chinese experience in the diagnosis and treatment of various pain diseases. Under the leadership of Yan-Qing Liu, Chairman of the 7th Committee of the Chinese Association for the Study of Pain, this special edition contains nine consensus and one guideline.

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INTRODUCTION

On July 16, 2007, the Ministry of Health of China officially issued a document, adding the first level diagnosis and treatment discipline “Algology,” code: “27” in the list of diagnosis and treatment subjects of medical institutions. In the past 13 years, pain medicine has developed rapidly in China and accumulated rich Chinese experience in the diagnosis and treatment of various pain diseases. The Chinese Association for the Study of Pain (CASP) is the most important pain academic organization in China. In recent years, it has made outstanding contributions in promoting the development of the pain discipline and in establishing pain standards and disease diagnosis and treatment guidelines.

Under the leadership of Yan-Qing Liu, Chairman of the 7th Committee of CASP, this special edition contains nine consensus and one guideline.

GUIDELINES

Expert panel’s guidelines on cervicogenic headache: The CASP recommendation^[1]

Cervicogenic headache was recognized as a unique form of headache that is difficult to diagnose and treat. Pharmacologic treatment is recommended as the first-line therapy for cervicogenic headache. C2-3 posterior medial branch radiofrequency (RF) intervention is conditionally recommended for patients with persistent cervicogenic headache. Imaging technologies (ultrasound, X-ray and computed tomography) are recommended to guide invasive therapies^[2].

CONSENSUS

Chronic pain

Expert consensus of CASP on the diagnosis and treatment for lumbar disc herniation^[3]: Lumbar disc herniation is one of the most common and recurrent diseases. This consensus from CASP points out that: Individualized treatment regimen should be taken according to the course, clinical manifestations, the location of the disc herniation and the severity of the corresponding nerve root compression. The routine strategies used for lumbar disc herniation treatment include medicine, minimally invasive interventional therapy, surgery and rehabilitation^[4].

Expert consensus of CASP on the diagnosis and treatment of myofascial pain syndrome^[5]: Myofascial pain syndrome refers to a type of chronic pain syndrome that recurs in muscles, fascias or related soft tissues and can be accompanied by obvious emotional disorders or dysfunctions. Acupuncture and moxibustion therapy are based on the theory of human meridians. The treatment of silver needle combined with heat conduction and acupotomy (a combination of Chinese acupuncture and Western surgery) are both effective methods for the treatment of persistent myofascial pain syndrome. Moreover, local anesthetic, corticosteroid and botulinum toxin, oxygen-ozone injection and RF therapy can relieve pain and remarkably improve function^[6,7].

Expert consensus of CASP on chronic postsurgical pain^[8]: Although there are many improvements in surgical procedures, acute pain interventions and the application of multiple preventive measures, chronic postsurgical pain is still one of the most common surgery-related complications^[9]. Optimized surgical procedure, multiple analgesia, psychological intervention and rehabilitation are the four most important factors. The people closely related to chronic postsurgical pain are surgeons, anesthesiologists and pain physicians. The cooperation among the three can maximize the patient’s benefit^[10].

Pharmacologic therapy

Analgesics are the first choice in the treatment of pain. The guidance and suggestions of the expert consensus and guidelines should be followed to prescribe medicine safely

and effectively.

Expert consensus of CASP on the non-opioid analgesics for chronic musculoskeletal pain^[11]: In recent years, the “opioid crisis” has been a topic of interest. More and more doctors realized that they should pay more attention to non-opioid analgesics. This special issue covers the use of non-opioid drugs in chronic musculoskeletal pain (CMP). CMP is a common occurrence in clinical practice^[12]. The purpose of this consensus is to present the application of nonsteroidal anti-inflammatory drugs, noradrenaline reuptake inhibitor, serotonin and norepinephrine reuptake inhibitors, muscle relaxants and ion channel drugs in CMP. Drugs targeted to ion channels should be considered for CMP with neuropathic pain^[13].

Expert consensus of CASP on the ion channel drugs for neuropathic pain^[14]: The treatment of neuropathic pain is also an important clinical problem. According to this expert consensus, the indications, contraindications, usage and adverse reactions of sodium channel blockers (such as carbamazepine, oxcarbazepine, lidocaine and bupivacaine) and calcium channel regulators (such as gabapentin and pregabalin) were elaborated upon^[15,16]. The inhibitory effect of a sodium channel drug, bulleyaconitine A, was fully explored because it has excellent clinical effects.

Expert consensus of CASP on pain treatment with a transdermal patch^[17]: Transdermal patch is one percutaneous delivery method that can deliver drugs through the skin and capillaries at a certain rate to achieve a systemic or local therapeutic effect in the affected area. Nonsteroidal anti-inflammatory drug transdermal patch is effective in the treatment of chronic skeletal muscle pain with few side effects and is recommended as the first choice for the treatment of CMP. When the efficacy of transdermal nonsteroidal anti-inflammatory drugs alone is not enough, it can be combined with other analgesic drugs. Opioid transdermal patches are effective in the treatment of chronic pain, but they should not be used as the initial treatment for chronic pain because of the potential addiction and adverse reactions^[18,19].

Interventional therapy

Generally speaking, medicine and analgesics can offer 60%-70% of pain relief in pain disease. If conventional medicine cannot provide enough relief, minimally invasive interventional therapy is needed. It requires detailed assessment of the patient's situation and the benefit-and-risk ratio. In the past 3 years, CASP has developed a number of expert consensus on diagnosis and treatment standards of special minimally invasive interventional therapy.

Expert consensus of CASP on the application of ozone therapy in pain medicine^[20]: Ozone, a strong oxidant, can be used in the treatment of pain diseases. Due to a variety of biological effects in the body, it can provide significant effects^[21]. The purpose of this consensus was to help the rational application of ozone in pain treatment thereby improving its efficacy and safety and to reduce and prevent the potential adverse reactions and complications.

Expert consensus of CASP on RF therapy technology in the department of pain^[22]: Evidence suggests that RF is effective for pain treatment, including discogenic pain, postherpetic neuralgia, chronic lumbosacral radicular pain and phantom limb pain^[23,24]. RF therapy can be divided into standard RF (thermocoagulation) mode and nondestructive pulsed RF mode. RF therapy has no thermal coagulation damage, so it has a wider range of use in the treatment of chronic pain.

Expert consensus of CASP on ultrasound-guided injections for the treatment of spinal pain in China (2020 edition)^[25]: Ultrasound-guided injections for the treatment of spinal pain are increasingly being applied in clinical practice. This clinical expert consensus described the purpose, significance, implementation methods, indications, contraindications and technique tips of ultrasound-guided injections. This consensus offered references for physicians to successfully implement ultrasound-guided injections for chronic spinal pain.

CONCLUSION

To sum up, this special issue is a summary of different consensus made by the 7th CASP in the past 3 years. Many pain and orthopedic experts have worked hard for this. We wish this special issue can bring reference and help for doctors and the

disciplines in the diagnosis of chronic pain, drug treatment and application of minimally invasive interventional therapy. This will help provide standards and criteria in daily clinical work.

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