

# Reflex Sympathetic Dystrophy

The RSD disorder usually affects the extremities, with pain and wasting of tissue as its main symptoms. The illness is more prevalent than generally realized, and may be a component of many other diseases. If diagnosed early and treated with sympathetic nerve blocks and physical therapy, RSD is curable. If undiagnosed and allowed to progress, RSD leads to permanent deformities, immobility of limbs, and will spread to large segments of the body.

At an advanced stage of the illness, all patients have significant psychiatric problems, narcotic dependency and are completely incapacitated with the disease. RSD does not significantly decrease a patient's life span, thus, patients face an existence of continuous severe pain punctuated by frequent flare-ups of excruciating pain and other symptoms. The life of affected individuals is devastated by the disease, and the focus of their existence is on the search of relief of pain. Experience shows, however, that surgical sympathectomy, implantation of a permanent spinal cord stimulator and/or treatment with oral narcotics provides some relief.

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## Diagnosis of RSD in its early stages

### **Movement Disorder**

- Inability to initiate movement
- Weakness
- Tremor (involuntary jerks)
- Muscle spasms
- Increased reflexes

### **Sympathetic Disorder**

- Warm, red, dry but with time the skin becomes cool (vasomotor), pale, increased sweating (sudomotor), cyanotic and increased goose flesh (pilomotor)

### **Pain Disorder**

- Burning/stinging/aching/cramping due to muscle spasms
- Hypersensitive skin (allodynia)
- Repetitive tactile stimulation causes increasing and prolonged pain after the tactile stimulation has stopped (hyperpathy)
- Spontaneous jabs (paroxysmal dyesthesias)

### **Physical Changes (Advanced Stages)**

- Edema
- Increase growth then decreased growth (hair and nails)
- Shiny, cyanotic skin
- Bone wasting