

CASE REPORT

Pregabalin in Muscular Cramps (Charley Hoarse) a New Application

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ABSTRACT:

Pregabalin is a newly introduced medicine which is an analogue to Gaba pentin and similar to its structure, it was approved by the FDA in 2004 and marketed by Pfizer company under the name of LARYICA.

It has been described in various medical disorders among which are: neuropathic pain as that of diabetes^(1,2), post herpetic neuralgia⁽³⁾, seizure disorders⁽⁴⁾ and anxiety state⁽⁵⁾. Pregabalin the first medicine approved for treatment of

fibromyalgia by the FDA^(6,7) Pharmacologically Pregabalin bind to alpha 2 delta subunit of the voltage-dependent calcium channels in the central nervous system, it also decrease the releases neurotransmitters such as glutamate, noradrenalin and the substance P^(8,9).

Though FDA label indications are; diabetic peripheral neuropathy, fibromyalgia, Post herpetic neuralgia and as an adjunct in seizure, yet Pregabalin have been Used in many other conditions on empirical bases as a treatment of a single case

Or more as in post operative Pain⁽¹⁰⁾ or hot flash⁽¹¹⁾ beside other diseases.

Herewith I am reporting an unusual clinical observation never been described before, the Night Muscular cramps in the Legs collegially known as "Charley hoarse" known by Iraqis as "ABU ALSHERGATE"

CASE REPORT:

FK is an 84 years old retire male who have been suffering of nocturnal night cramps for few decades of nocturnal leg cramps, they are most painful turning the cap muscles into aboard like solid mass mostly on the left leg, They are very painful and frequent almost every night lasting ten to twelve minutes, It is not related to exercise.

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The cramps may be helped by change of position, warm application or moving around.

The patient is not diabetic, he is moderately hypertensive fairly well controlled, the CBC., Urine analysis, the electrolytes, the renal functions, and the lipid profile are all within the normal limits.

All the peripheral pulses are clearly felt and the arterial sonogram studies are within the average range, the B.M.I. was around 27%. Advanced degenerative changes were present in the lumbo sacral area for which the patient undergone for foJormenatomy and lamenactomy in 2005 , It was not for the muscular cramps.

The only useful medication was quinine 200 - 300 Mg each night until its beneficial effect start to wane and due to unavailability in the market⁽¹²⁾ Out of despair and suffering I encroached upon the new medication PREGABALIN

(LARYICA) on imperial U:atI with smallest dose of 50 Mg. each night. To my great surprise the hateful visitor "the night cramps "did not show up from the firstnight and the subsequent nights, only once in 3gth week a mild attack came which was equal to about 1120 ofthe original attack. The dose ofpregabalin was raised to 75 Mg. This was enough to control the pain completely for a total of 19 months at the end ofMay 2011. Repeated periodic laboratory tests showed no changes.

DISCUSSION:

Muscular cramps is quite common in medical practice, it could affect any group of muscles ofdifferent ages in both sexes due to variable causes or diseases.

In this paper I am referring to a specific category -the painful night cramps without discernable cause, It is often refer to by collegial name "Charley Hoarse"

"ABU ALSHERGATE -. this condition is quite common, it effect both sexes often in middle age group or after. It is quite enigmatic as to its etiology.

Reference text books in medicine put a number of possible factors for it as: dehydration, exercises and exhaustion, heat exposure, electro light imbalance, arteriosclerosis, lipid disorder all diabetes. It is more often none of those could be pin down as in the patient reported and many similar cases.

Over the year's quinine preparation was used in 200-300 Mg. daily, it is helpful for some patients however the over the counter sell was prohibited in US in 1995. Thought it is still marketed in Canada.

The choice of pregabalin was out of despair and frequent severe pain made me start the new medicine on empirical bases.

The marked and immediate positive response and the complete disappearance of the symptoms after a minimal dose was quite surprising and very happy outcome.

It is difficult to explain this effect with the limited knowledge we know about it and its wide range of application. Working on electrolyte in this case it is not likely explanation. It seems that is beneficial effect possibly is through decreasing the release of neurotransmitters and or effecting sub units of the voltage-dependent calcium channels in the central nerves system. The dose which was used is minimal 50-75 Mg. daily. Pregabalin is quite safe in 900 Mg. daily dose and that very wide window for it use (2) Paradoxically however one case of myoclonus is reported in a patient with chronic renal failure on dialysis who was taking pregabalin. The myoclonus was clear by stopping the medication and removing it through dialysis (13) On the observation on the reported above case is quite important because its unique, never reported before, the condition of night leg muscular cramps are very frequent and in the top of all these there is no effective therapy is found. Pregabalin is effective and safe it was worth

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while trying on a large number of people suffering from this entity

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