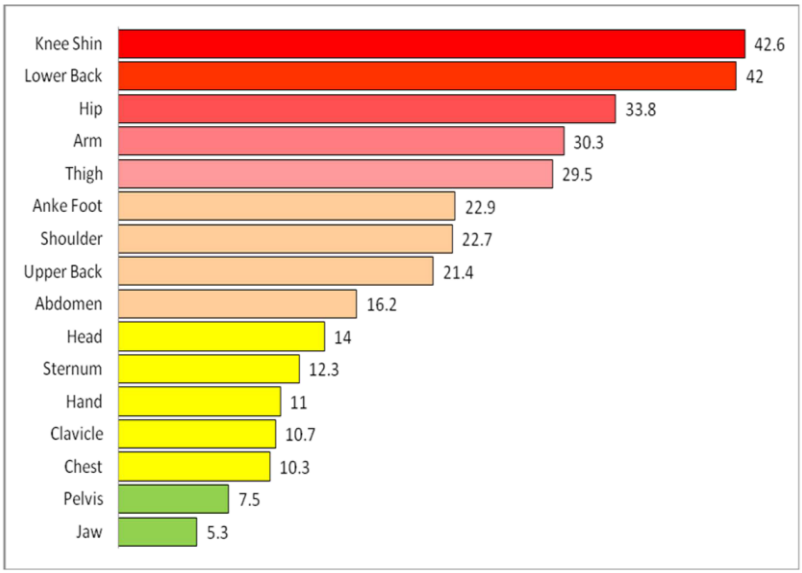
مدينة الملك فهد الطبية
King Fahad Medical City

Pain in Sickle Cell Disease

Sickle cell disease (SCD) manifests with exacerbations of pain due to vaso-occlusive episodes, commonly called “crises”.

Commonest complaints of painful sites during crises



Percentage of pain days that subjects hurt at each body site

Challenges of management of sickle cell crises

Pain

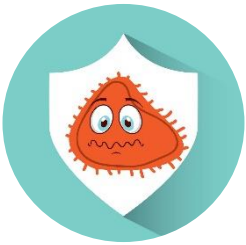
Pain episodes are largely unpredictable but can be prevented. In more than 80% of the episodes, there is no potential precipitating cause.

The pathophysiology of the pain is a result of hypoxia and release of inflammatory mediators and pain neurotransmitters.

Patient already exposed to multiple analgesics and tolerant to opioids. Analgesics best tailored to individual patient, considering adverse effects.

Stronger opioids mandate intense monitoring with caution for the fear of respiratory depression as well as development of tolerance.

Infections



Infections trigger the pathogenesis of vaso-occlusive episodes, making the occurrence of vaso-occlusive episode a trigger to alerting potential problems in SCD.

The severity of pain in people with SCD varies from mild to severe and the management is determined by accurate estimation of the severity and the associated pre-morbid conditions.

Educate to be hygenic to significantly reduce the risk of acquiring infections. The choice of antibiotics based on the infection.

Anemia

Acute severe anemia is one of the common clinical presentations of SCD.

The causes of anemia in SCD patients are intra-vascular or extra-vascular hemolysis, sequestration into the spleen or the liver and transient red cell aplasia (“aplastic crisis”).

Blood transfusion is necessary for controlling the crises

How to Control SICKLE CELL CRISIS?

- Adequate pain control
- Hydration
- Careful monitoring
- Supplementary oxygen
- Blood transfusion.

لأن الوعي وقاية ..

إدارة التثقيف الصحي

Pain Management Department

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