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Neuropathic Pain after Spinal Cord Injury

Douleur neuropathique après traumatisme médullaire

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Ge 2025

Ge SY, Hu MM, Li KP, Wu CQ, Xu GH, Dong L. Comparative efficacy of common rehabilitation treatments for patients with neuropathic pain after spinal cord injury: a systematic review and network meta-analysis. Neurol Sci. 2025 Aug;46(8):3547-3557. https://doi.org/10.1007/s10072-025-08120-y

Background	Neuropathic pain is a prevalent complication following spinal cord injury, imposing severe physical and psychological burdens on affected individuals. It often hinders complete physical and mental recovery. Despite numerous rehabilitation interventions being explored and implemented, the optimal treatment strategy for neuropathic pain post-spinal cord injury remains a subject of ongoing debate. To address this uncertainty, a comprehensive network meta-analysis is imperative. This analysis aims to compare the effectiveness of various rehabilitation interventions and guide clinical staff in selecting the most efficacious treatment to alleviate patients' physical and psychological distress.
Methods	Embase, PubMed, Scopus, Web of Science, CNKI, Wan Fang, Vip Journal Integration Platform and Sinomed were searched from the establishment of the database to 13 June 2024. Employing ROB 2.0 and Stata 18.0 for literature selection, quality evaluation and meta-analysis, the effectiveness of various rehabilitation interventions was assessed. These interventions were evaluated using network-level and cumulative level surface under the cumulative ranking area analysis.
Results	The review included 31 studies involving 1820 patients. According to the cumulative ranking area ranking of 17 therapies, the best three interventions for reducing pain are repetitive transcranial magnetic stimulation, **acupuncture**, and intermittent theta burst stimulation.
Conclusions	The intermittent theta burst stimulation treatment demonstrated superior efficacy in managing pain after spinal cord injury, closely followed by **acupuncture** and repetitive transcranial magnetic stimulation. This analysis provides a solid foundation for clinical staff to select the appropriate therapeutic approaches.

1.1.2. He 2022

He K, Hu R, Huang Y, Qiu B, Chen Q, Ma R. Effects of Acupuncture on Neuropathic Pain Induced by Spinal Cord Injury: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2022 Aug 19;2022:6297484. https://doi.org/10.1155/2022/6297484.

Introduction	Neuropathic pain is a commonly seen symptom and one of the most intractable comorbidities following spinal cord injury (SCI). Acupuncture has been widely used for neuropathic pain after SCI in clinical settings. There is no systematic review or meta-analysis evaluating the efficacy of acupuncture in the treatment of SCI-induced neuropathic pain. Thus, this study aimed to conduct a systematic review and meta-analysis to assess the efficacy of acupuncture on SCI-induced neuropathic pain.
Methods	Seven databases were comprehensively searched, including PubMed, the Cochrane Library, the Web of Science, the China National Knowledge Infrastructure (CNKI), the Chinese Biomedical Literature Service System (SinoMed), the Wanfang Database, and the Chinese Scientific Journals Database (VIP) from their inception to 30 September 2021. Two independent reviewers evaluated the eligibility of the data retrieved based on the pre-established eligibility criteria and assessed the methodological quality of the included studies using the Cochrane Risk of Bias Tool. The outcome indexes in this study included the visual analogue scale, the numeric rating scale, the present pain intensity, and the pain region index. Sensitivity and subgroup analyses were also performed to specifically evaluate the intervention effects. In addition, publication bias was analyzed.
Results	**Six randomized controlled trials** (145 participants in the experimental groups and 141 participants in the control groups) were identified that evaluated the application of acupuncture for neuropathic pain after SCI and were included in this study. The results of our study revealed that acupuncture had a positive effect on the pain severity (standardized mean difference (SMD): -1.40, 95% confidence interval (CI): -2.23; -0.57), the present pain intensity (MD = -0.61, 95% CIs = -0.98; -0.23), and the pain region index (MD = -3.04, 95% CI = -3.98; -2.11). In addition, sensitivity analyses showed that these results were robust and stable. Subgroup analyses indicated that electroacupuncture (EA) had better effects on SCI-induced neuropathic pain. However, a publication bias was observed.
Conclusion	Available evidence appears to suggest that acupuncture may have a role in SCI-induced neuropathic pain management, but this remains to be determined.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. CanPain SCI clinical practice guidelines (Canada) 2022 Ø

Loh E, Mirkowski M, Agudelo AR, et al. The CanPain SCI clinical practice guidelines for rehabilitation management of neuropathic pain after spinal cord injury: 2021 update. Spinal Cord. 2022. [222875]. https://www.nature.com/articles/s41393-021-00744-z

The WG voted on a possible recommendation for acupuncture. A slight majority (56%) agreed that acupuncture should be a recommendation, but this did not reach threshold for inclusion (75%).

2.2. CanPain SCI clinical practice guidelines (Canada) 2016 Ø

Guy SD, Mehta S, Casalino A, Côté I, Kras-Dupuis A, Moulin DE, Parrent AG, Potter P, Short C, Teasell R, Bradbury CL, Bryce TN, Craven BC, Finnerup NB, Harvey D, Hitzig SL, Lau B, Middleton JW, O'Connell C, Orenczuk S et al. The CanPain SCI Clinical Practice Guidelines for Rehabilitation Management of Neuropathic Pain after Spinal Cord: Recommendations for treatment. Spinal Cord. 2016;54 (Suppl 1):S14-23. [223624]. https://doi.org/10.1038/sc.2016.90

Studies of acupuncture suffer from a lack of standardization of process or procedure delivery and practice principles, and evidence for effectiveness is inconclusive. Additional studies are needed to clarify the benefit of using this modality.

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