

least improved were “overall sleep” and “overall effectiveness of medication” ($M=2.77$, $SD=1.12$; $M=2.79$, $SD=1.17$).

Conclusions: The pattern of patient responses appears to be consistent with the overall program philosophy, which emphasizes self-management of pain. Thus, it is not surprising that medication effectiveness was perceived as least improved, whereas ability to cope with pain was most improved. Overall, the patients reported program benefit in all 8 domains assessed.

Poster 321

Atypical Odontalgia in a Child With Down Syndrome: A Case Report.

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Disclosures: S. Gabriel, none.

Patients or Programs: A 10-year-old girl with Down syndrome and progressive neck pain.

Program Description: The patient presented with several months of intermittent but progressive cervical pain after an unrecalled fall. She was seen at an urgent care center 2-3 days after her fall with neck and shoulder pain, however, physical examination and plain films were negative. Her pain progressed to localization of her neck on a daily basis, and she was later seen in the emergency department twice for her pain, but, again, examination and imaging were negative. Spine films did not demonstrate evidence of instability or fracture and cervical magnetic resonance imaging also showed no evidence of instability or spinal cord compression. The patient had occasional relief with nonsteroidal anti-inflammatory drugs and was referred to the pediatric physical medicine and rehabilitation clinic for further evaluation.

Setting: University-based pediatric rehabilitation clinic.

Results: One week before her appointment with her pediatric physiatrist, the patient’s primary deciduous tooth was replaced by a permanent tooth, and she had complete resolution of her pain. On examination, she had decreased tone, hypermobility, and features consistent with Down syndrome, but her neuromuscular examination was unremarkable, without reproduction of pain over her cervical spine, shoulders, or paracervical musculature. There was no evidence of periodontal pain, pulpal pain, TMJ or muscles of mastication pain, facial neuralgia, or arthralgia.

Discussion: Atypical odontalgia is a condition that entails hyperesthesia and increased sensitivity of a tooth or group of teeth without evidence of pathology on examination or imaging. Pain typically includes a continuous burning pain in the tooth, bone, or gums that can spread to the face, neck, and shoulders. To our knowledge, however, this case is the first documented instance of atypical odontalgia presenting as referred cervical pain without complaint of primary odontalgia. It is possible that she had difficulty expressing her pain location appropriately, however, due to her other medical conditions.

Conclusions: This case demonstrates that cervical pain in the pediatric population may be referred odontalgia. Atypical odontalgia can include the neck and shoulders, and, in the pediatric patient with developmental delay disorders, workup for dental pain should be included for diagnosis and treatment.

Poster 322

Central Poststroke Pain Syndrome Secondary to Embolization of Shrapnel. Successful Treatment With Lidocaine Infusion and Oral Mexiletine. A Case Report.

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Disclosures: M. Jacobs, none.

Patients or Programs: A 22-year-old male military service member.

Program Description: The patient sustained an improvised explosive device blast injury that resulted in multiple orthopedic injuries and shrapnel penetration of the right vertebral artery. After the injury, the shrapnel embolized to the left posterior cerebral artery, causing infarction that involved the thalamus. After 3 years of rehabilitation, his right arm pain, thigh pain, and headaches with pain scores consistently 4-7/10 remained refractory to treatment. The patient was admitted to the hospital for a thorough pain evaluation.

Setting: Tertiary care military hospital.

Results: Tapering off the majority of pain medications resulted in cognitive clearing, improved alertness, and a detailed description of more extensive right hemibody pain, which yielded a diagnosis of central poststroke pain (CPSP) syndrome. A trial of lidocaine infusion (5 mg/kg for 35 minutes) reduced his pain significantly without adverse effects. After a total of 3 infusions for recurrence of mild symptoms, the patient has been well controlled with 0-1/10 pain on oral mexiletine (200 mg 3 times daily) for the last 6 months. In addition, the patient’s cognitive processing speed showed objective improvement on neuropsychological testing (ie, 61%-70% faster times on trails A and B tests).

Discussion: To our knowledge, this is the only reported case of missile emboli to the cerebral vasculature that resulted in CPSP. This patient had exhausted other recommended treatment options, so the combination of intravenous lidocaine bridged to oral mexiletine was reasonable and has been successful. Improvement in cognitive function can be attributed to a reduction in sedating medications as well as a decrease in baseline pain.

Conclusions: Missile emboli may cause cerebral infarction and CPSP. Lidocaine and mexiletine should be considered as safe, effective options in the treatment of CPSP. Potentially beneficial outcomes include improved pain and cognitive function.

Poster 323

Glossopharyngeal Neuralgia Presenting as Neck Pain: A Case Report.

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Disclosures: B. S. Colorado, none.

Patients or Programs: A 51-year-old woman with intermittent neck pain.

Program Description: The patient presented with a 2-year history of sharp, intermittent lateral neck pain that extended to the base of the left ear and inferior mandible. Previous workup included a computed tomography of the neck and endoscopy. She was diagnosed with gastroesophageal reflux disease and was treated accordingly with no improvement of symptoms. Pain was triggered