

LETTER TO THE EDITOR

Johansson B. Whiplash injuries can be visible by functional magnetic resonance imaging. *Pain Res Manage* 2006;11:197-9

Dear Dr Craig,

I found the case reports by Dr Johansson most interesting and I would like to add a historical note. Although Radanov et al (1) may have coined the term 'cervicocephalic syndrome', it was first described in 1925 by Jean Alexandre Barré (2) who worked on the identification of the Guillain-Barré syndrome. It was independently described by an Asian physician, Youg-Choen Lieou, in 1928 (3). It has since become known as the Barré-Lieou syndrome and was reviewed in the *New York State Journal of Medicine* (4) in 1954.

My interest in Dr Johansson's article is that these case reports provide evidence that there are lax ligaments and injured capsular structures that can cause pain which are not detected by the routinely used diagnostic imaging tests on patients with soft tissue injuries to the cervical spine. This has been the long-held belief of physicians who perform prolotherapy (5). Prolotherapy is a treatment believed to work by injecting a proliferative agent into the sites of damaged ligaments, capsules and muscle attachments. The first prolotherapy case report was published by Gedney (6) in 1937. The literature indicates that Barré-Lieou syndrome can be improved or resolved with prolotherapy (7,8). This would be advantageous over the surgical stabilization method because the functional outcome of prolotherapy would be much better because patients would retain full range of motion of their necks. Surgical fusion would severely limit their range of movement and would be much more invasive.

Generally speaking, prolotherapists do not treat the C0/C1 segments because of the high risk of injury to the vertebral artery. However, I have heard of a few brave souls in the United States who do treat this level with prolotherapy because they believe their patient's condition warrants it. These case reports would validate their argument.

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