

the  
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The Sydney children's  
Hospitals Network



# Complex Regional Pain Syndrome

Children and adolescents

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# Complex Regional Pain Syndrome (CRPS)

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CRPS (also known as Reflex Sympathetic Dystrophy) can be characterized by:

- Severe pain and hypersensitivity
- Skin changes (colour, texture, temperature)
- Allodynia (that is, normal light touch or temperature change that is experienced as pain)
- Hyperalgesia (that is, increased response to pain after the event)
- Immobility sometimes due to fear of moving the injured extremity
- Swelling of the affected limb, and
- Altered sweating
- These symptoms may vary and are not present in all children with CRPS.

CRPS can develop after minor trauma such as a broken bone or ligament strain, a fall or surgery and can occur with no known cause. Pain is caused by nerves misfiring with neurons and immune cells being activated, as well as by the brain. Pain is also affected by social and emotional factors. With CRPS, pain is often more severe and of longer duration than expected for the type of injury that may have occurred. Just because you can't see pain doesn't mean it isn't there. The pain the child is experiencing is real!

The pain is often described as deep, aching, cold, burning, stabbing, or tingling. There is no single test for diagnosis of CRPS. It is diagnosed with clinical history and thorough examination.

Anyone can get CRPS. In childhood, girls are diagnosed with CRPS more commonly than boys. The outcome and treatment for CRPS in childhood and adolescence is different to that of an adult, with an extremely high cure rate and a low reoccurrence rate.

# Treatment

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Treatment of CRPS in childhood and adolescence requires a multidisciplinary approach, including physical therapy, behavioural and psychological therapy and medications to control pain.

Physical therapy is the most important part of treatment. It is important to know that moving the limb, while painful, is not harmful. In fact, the child must learn to use the limb in order to get better. Symptoms may worsen if the affected limb is immobilized. Children may still have pain when doing their physical therapy — moving the limb gradually at first is what will ultimately lead to recovery.

Behavioural and psychological therapies can assist children to cope with pain during everyday activities and physical therapy, as well as treat any low moods, depression or anxiety related to having pain for a long period of time.

Your doctor will discuss with you appropriate medications for the ongoing pain. This may consist of simple analgesics such as paracetamol and ibuprofen.

Many children with CRPS have had excessive school absences. Going to school is an essential part of any pain management plan. It is important to keep communication open with your child's school.

Teachers and students will be unaware that 'bumping' in the hallway can be a major problem unless you tell them. Sharing this information sheet may be of benefit to the school.

Most children improve dramatically with appropriate treatment, with an earlier diagnosis leading to shorter treatment times.

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