CENTRAL PAIN ENCEPHALIC (Abstract)*. **Thesis. São Paulo, 1994.**

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One hundred twenty three patients presenting central pain due to encephalic lesions were evaluated. The age of the patients ranged between 87 and 21 years (mean 55). Cerebrovascular diseases were the most common causes of the brain lesions. Post-traumatic lesions and tumours were the less frequent etiologic factors.The lesions were placed in three main regions: brainstem, thalamus and supratentorial extrathalamic structures. In the majority of the cases, the pain syndromes appeared during the first weeks after brain injury. Very seldom pain appeared after the second year of illness.

The majority of the patients reported daily and constant pain. Seldom remission periods lasting minutes or hours were presented. Pain was very intense, scoring 8 in average, in a verbal analogical scale ranging between 0 and 10. Several kinds of pain were described by many patients. Burning and lacerating were the most common expressions used to describe pain. Very often the patients became worse with movement and emotions.

All patients presented some kind of sensorial and non-sensorial neurologic deficit. The most common were paresis and ataxia. The most frequent sensorial deficit on the affected side were tactile and noxic thermal and mechanical hypoaesthesia (heat, cold, pinprick or pinching). Hyperaesthesia to touch, cold and heat, allodynia to touch and cold and hyperalgesia to cold, heat or pinprick were also found.

Fifty nine percent of the patients improved after the treatment with phenotiasines and antidepressant drugs but only 15 out 123 had complete pain relief.

The sympathetic block was uneffective in 5 patients.

Ten patients underwent stereotactic Cm, Tf, Pu thalamotomies. One had also an additional medial mesencephalotomy, three cingulotomy and three subthalamotomy.

Eight patients underwent chronic stimulation of the ventrobasal / internal capsule region.

Thalamotomy associated or not with mesencephalotomy was effective in 50% of the patients, cingulotomy was effective in 66.6% and chronic brain stimulation in 12.5%.

It was concluded that, despite the fact that the mechanisms for generation of central pain of encephalic origin are better known, the efficacy of pharmacological or surgical treatment aiming pain relief in these patients is still controversial.

KEY WORDS: **central pain, encephalic, diagnosis, treatment.**

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