

Alleviation of erythromelalgia with venlafaxine.

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Erythromelalgia is a rare disorder characterized by burning pain, warmth, and redness of the distal aspect of the extremities. Symptoms typically are precipitated by exposure to heat, and patients often soak their feet in ice water to alleviate the pain. We describe a woman with a 5-year history of intractable foot pain. With venlafaxine hydrochloride therapy, her symptoms improved markedly.

Report of a case

A 58-year-old woman complained of increasingly severe burning pain, warmth, and redness in her feet that had begun 5 years earlier. Exposure to heat exacerbated her pain, for which she continually soaked her feet in ice water. This constant immersion in water caused painful, nonhealing ulcers to develop on both feet. As a result, she confined herself to a wheelchair.

Before our evaluation, her treatment included 3-month trials of aspirin, amitriptyline hydrochloride, gabapentin, lidocaine ointment, and capsaicin cream. No treatment was effective, and all therapies were discontinued. The patient's medical history was significant for untreated hypertension. Physical examination revealed warmth, edema, and marked redness of the feet and ankles. About 20 ulcers, as large as 1 cm wide, were

observed on the toes, dorsal aspect of the feet, and soles. Peripheral pulses were intact in both feet. The results of a complete blood cell count were within normal range. For treatment of the erythromelalgia, we prescribed extended-release capsules of venlafaxine hydrochloride (37.5 mg/d for 1 week, then 75 mg/d). Three weeks later, the patient noticed gradual but marked improvement in the pain and redness in her feet. After the pain had begun to improve, she slowly discontinued soaking her feet in ice water until she had completely stopped soaking them approximately 5 weeks after the initiation of therapy. She resumed her regular activities without a wheelchair. Nine weeks after she began venlafaxine therapy, the ulcers healed completely. The patient has continued on a maintenance regimen of extended-release venlafaxine hydrochloride (75 mg/d) for more than 9 months. Her symptoms have been limited to mild discomfort of her feet after she stands.

Comment

Erythromelalgia may occur as a primary condition or it may develop as a result of a systemic disease, such as polycythemia, thrombocythemia, or autoimmunity. Rather than a single diagnostic entity, erythromelalgia may be a clinical phenomenon associated with diverse causes in which peripheral vascular regulation is dysfunctional.¹ Theories of pathogenesis and summaries of new therapies are detailed in recent comprehensive reviews.²⁻⁴ Aspirin therapy appears to be effective only in patients with an underlying hematoproliferative disorder.² For idiopathic erythromelalgia, numerous other treatments have had variable success in individual patients.²⁻⁶ Venlafaxine is approved for the treatment of depression and generalized anxiety disorder. Its mechanism of action involves blockage of neuronal reuptake of serotonin and norepinephrine. Serotonin reuptake inhibitors such as venlafaxine have been reported to benefit some patients with erythromelalgia.^{2-5,7-8} The marked improvement in our patient, for whom other therapies failed, further suggests beneficial effects. Although the rarity of the condition may be a potential obstacle, randomized trials would be helpful in continuing to investigate the use of venlafaxine for erythromelalgia.

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