

CELIAC GANGLIONECTOMY IN RAYNAUD'S DISEASE

Further Report

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A year ago (July, 1937) I reported in this journal¹ the immediate results of bilateral celiac ganglionectomy in a case of Raynaud's disease.

Complete relief from the symptoms was experienced almost simultaneously with the completion of the first ganglionectomy (left) and at the time the above cited article was written this relief from pain had persisted for six weeks.

In this case the symptoms of Raynaud's disease had been present for 15 years and for five years had been so pronounced that the patient had been unable to work. The pain in his fingers was so severe that he had to resort to morphine to relieve the pain. The fingers would become red, white, and then blue, and were ice cold even in hot weather, and there was a loss of sensation in both the hands and the feet. Because of gangrene two fingers, one on each hand, had been amputated two months before we saw the patient.

In June, 1938, one year and one month after the celiac ganglionectomies had been performed, the patient reported that he had been symptom-free since the operation. He had had no pain in the fingers or toes even during cold weather. Even two months after the operation the hands showed no blanching after immersion for ten minutes in ice water. Physical examination revealed good radial pulsations, good skin texture, and a warm and dry skin.

Doctor Zeiter, who measured the skin temperature, reports that the two readings taken at this time were consistent and were two degrees higher than the average when the patient was first seen.

In the previous article we reported the abnormal size of the celiac ganglia in this case—left 1010 mg., right 535 mg. This large size of the ganglia which is comparable to the size in many cases of hypertension, when considered together with the results of their removal, suggest that Raynaud's disease as well as hypertension is due to a pathologic physiology of the celiac ganglia, the size of which appears to be an inherited characteristic.

The results in this case which have now persisted for more than a year, and the fact that ganglionic tissue cannot be regenerated indicate that the celiac ganglion is the logical point of attack in the treatment of Raynaud's disease.

REFERENCE

1. Crile, George: A case illustrating the analogy between essential hypertension and Raynaud's and Buerger's Disease, *Cleveland Clinic Quarterly*, 4:184-186, (July) 1937.