NAME: Antonio

SURNAME: Pizzarella

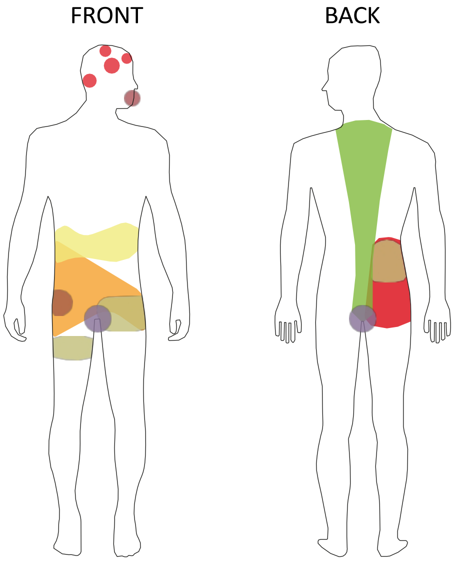
DATE OF BIRTH: [redacted]1995

CITY: Padua

PREVIOUS PATHOLOGIES

- Irritable colon
- Orchidopexy (2003)
- Varicocele (2015)

SYMPTOMS



- A terrible pain extends from the inner ventral part of the penis to the brain, making it unbearable.
- The inner pelvic areas burn, the skin in those areas is allodynic.
- Numerous reactions of the orthosympathetic system that follow the radiation of pain and extend into the neck and hyperhidrosis on the right side of the head. I walk miles indoors in pain all day until I sleep, if I am lucky I can stay in my antalgic position i.e. fetal on my left side.
- Dysuria.
- Red genitalia crossed by ectasia.

CHARACTERISTICS OF PAIN

Pudendo: lancinating, lacerating, crushing, tugging, sharp-edged, breaking, nauseating, terrifying, deadly, unbearable, spreading, swelling, unbearable, burning.

CURRENT THERAPY

Cymbalta 90 mg Laroxyl 35 gtt Rivotril 20gtt

2 suppositories diazepam and baclofen,

painkillers

THERAPIES CARRIED OUT

From 26/06/20 to 01/12/20
Laroxyl up to 15 gttx3, 30mg flexiban

On 01/10/20
Uneven ganglion infiltration

From 05/10/20 to 15/12/20
Arthrosylene tramandolo valium and anafranil intravenously with elastomers and drips+ lioresal up to 30mg

From 20/10/20 to 07/12/20
Infiltration of muscle trigger points

From 16/12/20 to 14/01/21
Deep pudendal and genitofemoral infiltrations. Infiltrations directly into the genitals (penis, scrotum, pelvic floor) . Superficial infiltrations with muscoril. Morphine intravenously. Implantation of a peridural catheter with anaesthetics and morphine.

15/01/21
Neurolysis (release) of the pudendal in laparoscopy

From 20/01/21 to 15/05/21
Lyrica 300mg, Duloxetine 120mg, tegretol 200mg Nicetile 1000mg, laroxyl 7x3gtt, Paracetamol 3000mg, Rivotril 20gtt, Vitamin D and Xinepa.

From 15/05/21 to 06/09/21
Lyrica 300mg, Duloxetine 120mg, Nicetil 1000mg, laroxyl 7x3gtt, Normast 1200 mg sirdalud up to 8mg

From 04/08/21 to 01/09/21
Scrambler Therapy

From 06/09/21 to 01/12/21
Lyrica 300 mg, Duloxetine 90 mg, tegretol 400 mg

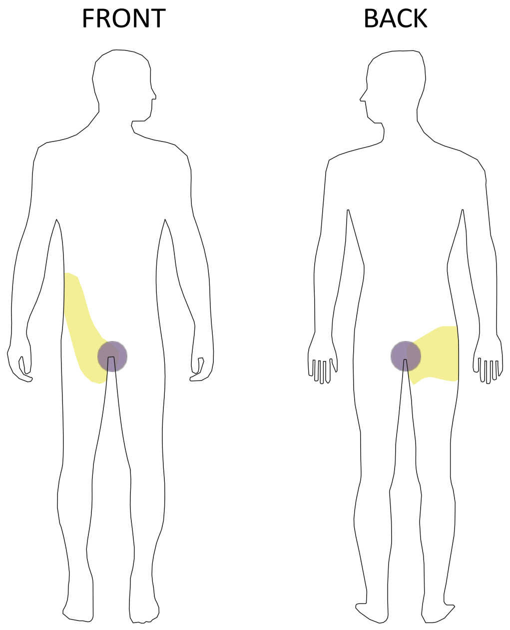
From 08/11/21 to 04/12/21
TMS (Transcranial Magnetic Stimulation)

From 01/12/21
Lyrica 300mg, Duloxetine 90mg, Tegretol 400mg, Laroxyl 8gttx3, Nicetil 1000 mg, Paracetamol 1000mg, olanzapine 5mg, sirdalud 4 mg, Rivotril 15gtt, Dibase 25,000 U.I/ml once a week
2022
Tegretol 400 mg Lyrica 300mg Cymbalta 90 mg Laroxyl 8gttx3 Nicetile 1500 mg Paracetamol 2000mg Sirtalud 4 mg Olanzapine 5mg Rivotril 15gtt
2023
Laroxyl cymbalta olanzapine valium rivotril

HISTORY

In September 2014 I had an ejaculation with excruciating pain with every contraction.
I immediately realised the severity of the damage because the pain was so severe, totally unusual. I did not go to hospital because I had a urologist in the family who told me that I had nothing, although the morphology of my genitals had changed on the right side with an overlying ectatic vein, thickening of the skin and hardening of that side.
That was the least of it because from that time 2017 I had a stinging pain at the base and the right dorsal part of the penis but above all dysuria which always persisted. The very unpleasant sensation of having a full bladderdifficulty starting and various interruptions during urination and then always contracting. The erection had become turned upwards at the base and inelastic. I 19, I trusted, despite complaining every day,. that it would resolve itself. It was only in late 2015 that I did an uroflowmetry, however expelling very little, which I uploaded in the following sections. In 2015 again I had varicocele surgery on the left side.
In 2016 I went to a colleague of his who in a lightning visit told me that I had nothing. Finally I went to another andrologist in his department, he did an ultrasound, he didn't leave me a report but he told me that I had fibrosis at the base of my penis. Basically, the only thing I took was a supplementPeyronimev. Since 2017, I have become accustomed to my condition but above all, the pain has faded into discomfort.
I make up for lost time with studies and social life.

January 2020
After intense sexual activity, I experience pain in my right testicle. Three days later I have an ejaculation with an indescribable pain at each contraction in the testicle and it immediately extends to the ventral part of the penis and scrotum. Until March I am forced to walk every hour from morning to night and take ice-cold bidets. Exhausted, the pain radiates. Until June my condition worsens and the pain extends to the iliac fossa, iliac crest and sacroiliac joint. Finally, when by then my entire lower abdomen was allodynic I was believed; at the end of June I was diagnosed with pudendal neuralgia and had an MRI scan, which I enclose.



They give me laroxyl which takes effect but I have episodes of very intense pain that slowly flare up in my buttock, back, ileum and pelvic floor.

September 2020
After the sixth therapeutic session of pelvic floor physiotherapy I am forced to go to (although each time there is a worsening of my pain condition,)I feel further immense pain. From there I will be bedridden in a forced fetal position on my left side until April 2021.

October 2020
The pain radiated into the internal canals of the pelvis to the back, ischium and leg. I was hospitalised for 2 days, came out with permanent intravenous pain relief and was diagnosed with complex regional pain syndrome.

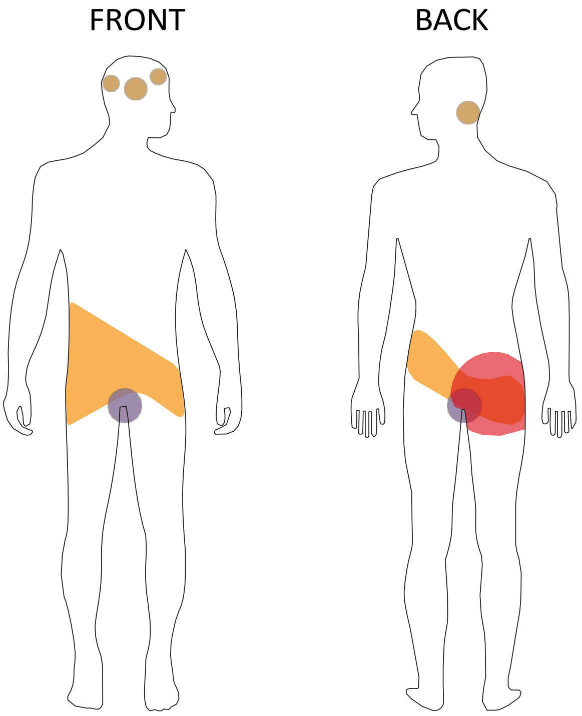
continues below

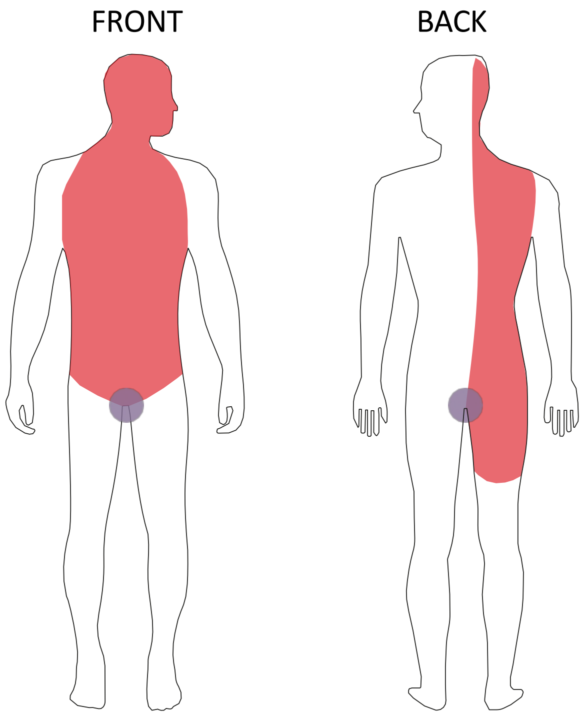
November 2020
With great sacrifice and with drips attached, I go muscle infiltrations from which I find some relief. But then I have a period of headaches and continuous impressive sweating.

December 2020
On 14 December excruciating pain breaks out in me becoming a mortal,, forced me to walk perpetually. Walking even when eating, even at night. At any time, imagine how strong it can be. Only in December I had already been bedridden for 2 months and due to pelvic contractures, medication and weakness I could not walk enough to relieve it. So I was forced to keep that pain in bed and it got worse.

going outside the pelvic boundaries. In antalgic therapy they try pudendal and genitofemoral infiltrations that are effective but ephemeral. I am admitted to neurosurgery in Rovigo and my ordeal begins. While in bed the new intolerable pain takes over the pelvis they try morphine and an epidural catheter on l5. Good benefit on irradiation but not for long. They try infiltrations and drugs, I start lyrica with no results.
Due to the therapy and the various drugs (Serenase), I get intoxicated, go into opisthotonos three times in one day, and from then on I receive no more analgesic treatment. I stayed alone in bed from 23 December to January with uncontrollable pain that mounted in my whole right side, then my back and abdomen up to my ribs for most days without painkillers and above all without therapy.

15/01/2021
When the day of the operation arrived, I was in a pitiful condition. On this pain and precisely in the areas where it was most radiating, a laparoscopic neurolysis operation (release appendix 2) was performed on the pudendal nerve which was technically perfect. This in itself causes great pain, but for me it was indescribable. From that moment on I became the most suffering creature, something unimaginable. Because I operated on monstrous pain and without therapy . That neuropathic pain spread to every fibre of my torso and my head. The pain went all the way into my throat Because of the new radiation of pain I continue to have false gags while trying to defecate.
Thus begins again from the scrotum the pain that takes my entire right side including the plexus brachial and forces me to conk continuously while on the genitals the pain cannot be borne, I go mad with pain. 3 ampoules of morphine which have not been enough because when it goes well it is superficial and it is like being wrapped in glowing barbed wire with a perineal origin. When it goes wrong it becomes visceral and forces me to beg for death.





Well, although the doctors understood my suffering, they never understood the extent of my pain. And I believe it, I myself did not believe such a condition existed.

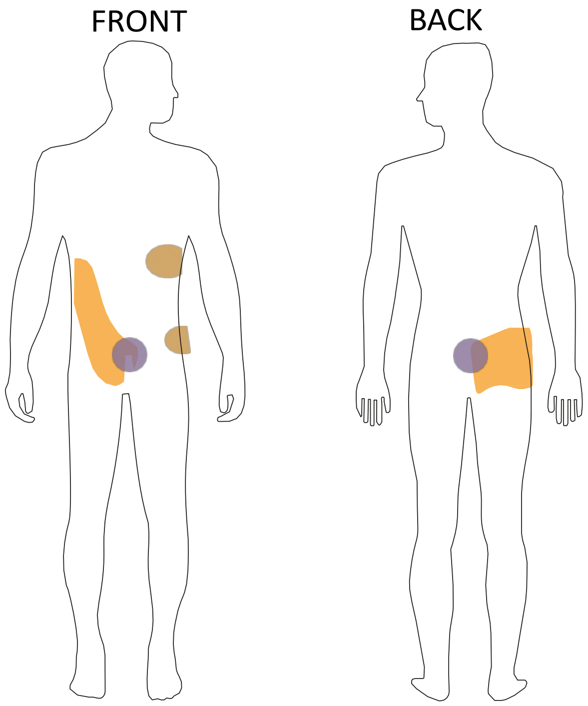
February 2021
Not even in the previous eleven months of great suffering had I foreseen such a scenario. In order to endure, I had to give up my biological functions such as eating. After a very costly improvement due to my countermeasures and drug therapy, I managed to confine the pain from the ribs down.
After 48 days of hospitalisation I was sent for passive rehabilitation and as soon as they touched the skin my belly it was already over.
In the evening for unexplained reasons they sent me back urinary retention, costing me a fourth catheterisation (imagine how much it can hurt after a neurolysis of that very nerve, in fact the first catheterisation after surgery was a cystostomy).
From rehabilitation I was transferred home that same day after months (by ambulance of course) and I was in excruciating pain, bedridden, in a forced position with no one to touch me. I was ready to die

March 2021
The pain is cruel on every fibre of my upper body, my parents do not understand so I have to sacrifice myself to communicate with a rigmarole of psychologists and psychiatrists. All of them (a total of two psychiatrists and three psychologists) confirm the fact that my only problem is tremendous pain I am forced to carry. It is really hard to resist, but something unexpected and miraculously positive happens: the supplements and carnitine start to have a very pleasant effect, as if all those fibres that were previously burning strings are breathing through me. My face begins to throb and my bowels, as my chest throbs, become less neuropathic.

I immense pain in my intestines and genitals. Le days are not all positive is and above all I do not feel plus entrapment (a big pain in the ischium that stretches). I'm very happy and I think I've done it.

April 2021
I get Normast added to the therapy it becomes a real panacea. My pudendal radiating areas throb so much and it's so pleasant that after months I can finally turn to my other side and even walk and stop when I want to. Of course I always have good and bad days but finally the pain is only in the pudendal area, I even go to defecate regularly. I begin to foresee my musculoskeletal recovery, my recovery and my return to life. I am really happy that my sacrifices have been rewarded.

May 2021
Ever fitter, I manage to do something I never thought I could do again: lie on my stomach. I am in seventh heaven. I can even ejaculate, the dysuria improves.
One night in May I have a strong localised pain in my penis (obviously I am not yet healed but the fact that it was localised and not pervasive was already a good thing), I decide massage myself from the right entering between the two fibrotic layers, the typical original point of discomfort post-2014.
I wanted to massage the dorsal part from the middle with the digito-pressure but I accidentally slipped on my elbow and violently touched deep into a structure adjacent to urethra.
Like a knot it starts and peeps into my anus.
The pelvic structures (since surgery distinctly perceived, because painful, as spaced out) are intertwined in one place.
The fear is there but I think obviously just a contracture.
I call my general practitioner who prescribes sirdalud.



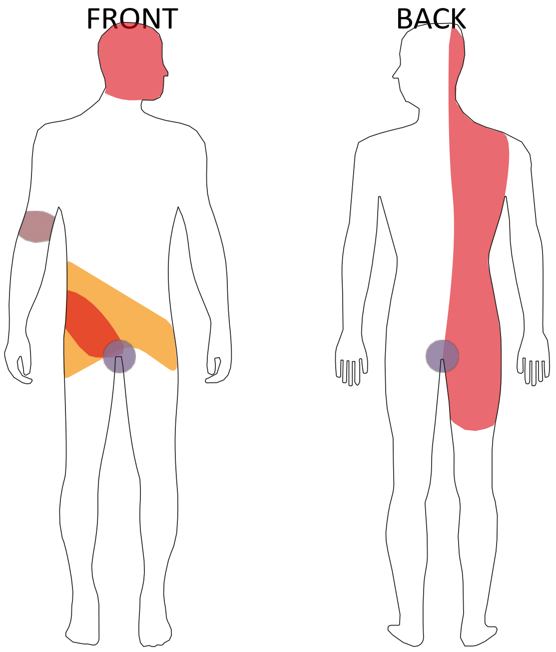
Unfortunately, it was not a contracture. The nerve had reintrap- polished or something that triggered a new neuropathic syndrome that no longer responded to supplements immediately after the episode. Gradually the pain took over the threshold of medication.

June 2021
In a short time I can no longer stay in my compulsory position because if I don't I get a very strong pain all the way up to my face. Desperate, I sprinkle my right side with emla for months and lie down on it, aggravating the pudendal and visceral pain, but it was the only possible position.

August 2021

I started scram-bler therapy, did a total of three weeks of therapy but this aggravated the situation because the sacrifice of the move outweighed the benefit of the therapy and because it had further irritated my colon.

September 2021
My friends place an ad for me in the newspapers and on Facebook. The situation is tragic I go back walking all day day naked around the house and punching the wall in pain, but no one can help me. We ask for help from a luminary in pain medicine who will start following us after two months.



November 2021
I don't know how I managed to last so long walking (I was coming from a year and a half of bed rest), musculoskeletal pain, blood in my feet, ingrown toenails and joint-

A primary anaesthetist who helped me by doing pudendal blocks, also does a spinal tap and tells me that there might be central sensitisation.
I start TMS in Rimin, this also includes a psychological course in addition to therapy. I always walk there and return to my room to walk naked. I have had some benefits but not enough to stop walking all day, but when I go to sleep I can lie on my left side again.
I return from therapy at the beginning of December. I go to see a neurosurgeon who will take my case to the team to evaluate DBS while a pain-therapy huminaire suggests I try a ganglion electrode, but I know I won't tolerate the pain of the operation if it doesn't work.

What I dream of is to be operated on again for a nerve debridement or even a neurolysis besides
to the implantation of an electrode because I was a man with a free nerve and a trapped nerve and I would endure any suffering again if I could get back on a positive trend.

🟥
🟪
LEGEND:
🟩 UNBEARABLE PAIN PAIN SKIN
🟧 PAIN SEVERE PAIN
🟨 CONSTANT PAIN

January 2022 - July 2022

I find out that they will not do DBS (deep brain stimulation) or any other surgery of the thalamus. I keep walking half-naked all day only to collapse from exhaustion, forced to take Rivotril once I lie down. Every week I do painful infiltrations of a particular anaesthetic to the deep ischiatic, dorsal penile, ilioinguinal, genitofemoral, sacral and parasacral nerves, all on the right side, and finally blockage of the ganglion imparius and in the nose to treat the pain I feel in my face. I go on for months with significant improvements in the facial pain but not in the quality of life (which I remind you is in perennial walking), but I keep walking hoping to make it.

Meanwhile, I try an infusion therapy based on glutathione, vitamin C, magnesium, phospholipids, coenzyme Q10 (ubiquinone), lysine, carnitine, methionine, glutamine, choline, phenylalanine and taurine. After 9 sessions I get no results. I change my diet and follow it strictly. Without ever stopping, I walk for 8 months, suspend Sirtalud, Tegretol and Lyrica from therapy. I add medical devices such as Butifar, Interleukine 4, 10, anti-1b, acetylcarnitine and omega 3, 6, 9 for a year.

August 2022 - December 2022

On 9 August 2022 everything changed: my anaesthetist performed the first of three infiltrations of the upper hypogastric plexus. At the time of the infiltration I feel strong tension in back and iliac crests, as well as tremors in my leg. The next day, without a connection, I have a high fever and ejaculate blood involuntarily. The pain in my back is severe, but I keep walking until my back no longer supports me. I can no longer stand. It just won't hold me up.

I have an MRI of my spine, which comes out negative. A few days later I go to the emergency room and start using indomethacin suppositories. I stop walking and find myself in the opposite condition: in bed, because my back does not support me and the muscles around it go into spasm to compensate for the strain. However I consider it an acceptable compromise

I grit my teeth. The pain in my anus is always too strong. I drag myself with the cart to do the infiltrations which include new stitches in my back. I recover the ability to sit on the donut pillows, but the iiradation of the genital pain in my back gets worse: involuntary, sudden, uncontrolled but above all painful spasms literally break my back, leaving me helpless. I start taking Valium (10 drops, 3 times a day) to counteract this spasticity.

January 2023 - February 2024
The back pain slowly decreases, localising in the left lumbar area. The perineal pain is like a static tension. Given this static, I am content with the low quality of life I have finally achieved. I am happy that I am no longer alarmed and can even afford the luxury of going out once a week. I continue with the weekly infiltrations. I try light physiotherapy for my back in the swimming pool, but this gentle exertion rekindles the pain, preventing me from sitting down again.

I resist with the freedom to walk and lie on my left side whenever I want. On the night of 10 August 2023, due to a twinge, I touch the right testicle underneath it and the painful stasis that had been created breaks down completely, unleashing a sharp pain that forces me to walk restlessly again, radiating over an already suffering area.

I stop the anaesthetic blocks, accepting that they cannot save me. Episodes of spastic back-breaking opisthotonos return, which I can only mitigate with Voltaren. Fortunately, thanks to forced walking for another 4 months, these episodes disappear, but the irradiation in the back remains strongly disabling.

In December, I reach a precarious equilibrium: I can rest a little from walking, I can sit for a few minutes on the ring pillow and lie down for a few minutes without any forced positions. However, on 7 February, my body is subjected to another neuropathic 'breaking' sensation, which reactivates the whole usual process, only more and more painful, April 2024 - Today

On 9 April, the pain becomes unbearable in the penis and scrotum, quickly spreading to the surrounding areas. Before the last minor operation I undergo on 8 May, the Belgian surgeon performs a nfiltration at a more distal level (at the intersection with the transverse muscle), which is as positive as the others, but without such a beneficial effect.

After surgery, I perform a transgluteal infiltration of the pudendal nerve to confirm that it is the nerve involved,without benefits but perceiving an effect. L'8 July 2024, I have an infiltration of Botox (50 IU) in Padua, which seems to have a muscle-relaxing effect, but still does not affect the perceived tightness.

I start a collaboration with an American luminary who takes me to Warsaw, where I perform an infiltration of 400 IU of Botox on 9 September 2024. I am examined by the Warsaw physiotherapist recommended to me, who suggests that the nerve is probably still trapped.

On 9 October 2024, I see the most knowledgeable physiotherapist I have ever met for further assessment. She gives me a 3-hour examination to see whether I should do physiotherapy or proceed with the last attempt: stem cells and surgery. The assessment indicates that it is not a myofascial syndrome, but a neuropathic one.