



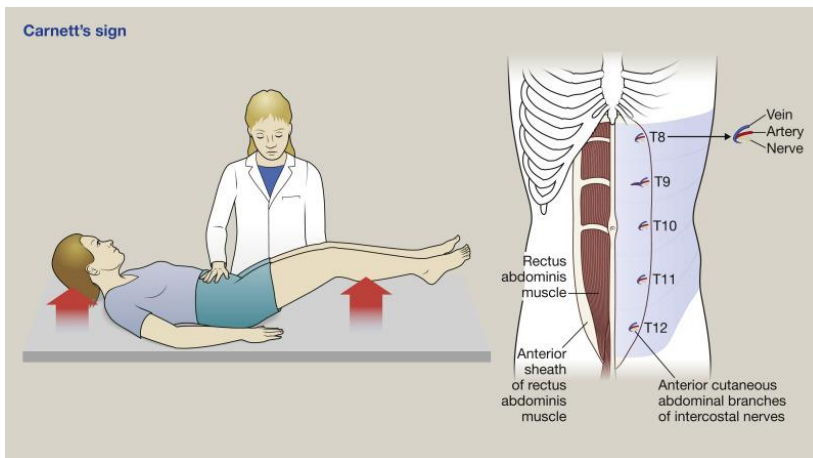
## ACNES – FAQ

### Abdominal Cutaneous Nerve Entrapment Syndrome (ACNES)

Abdominal wall pain is the most common cause of non-surgical chronic abdominal pain. We have recognized ACNES as an entity in clinical practice for over a decade. It is responsible for up to 30% of all non-surgical pain presenting to GPs, specialists and Emergency Departments. The challenge has always been to identify the problem and then obtaining effective treatment for it.

#### Carnett's Sign

We need to differentiate abdominal wall pain from intra-abdominal pain. With the patient recumbent, the patient is asked to perform bilateral straight leg raising. If the abdominal pain is WORSE with tension of the rectus abdominus, then the pain is most likely abdominal wall in origin.



#### The treatment

Dr Bernard Chin pioneered the treatment of ACNES using a special ultrasound/CT technique to identify the location of the offending nerve. Identifying the nerve with direct imaging consistently has been reported to be only about 10%, explaining why the treatments of the past were so poor. Treatment success for this condition ranges from 50 to 95% (depending on the presence of other types of chronic pain issues in a particular patient). Recalcitrant cases are referred to a suitably trained Pain Physician for a trial of pulsed RFA. The success of this experimental treatment has been remarkable in carefully selected patients.



DIAGNOSTIC AND INTERVENTIONAL ENDOSCOPY · ERCP · CAPSULE ENDOSCOPY · ACNES

DR BERNARD CHIN MBBS (Adelaide) FRACP (Australia) Gastroenterologist  
DR JOHN OMBIGA MBBS FRACP (Australia) Gastroenterologist  
DR MONTRI GURURATSAKUL MD, PhD (Australia), FRACP (Australia) Gastroenterologist

## Caveats

- (1) Ensure the diagnosis is correct. In all patients, ACNES is a diagnosis of **last resort**. In younger patients, they need to be aware that other investigations need to be entertained if there is zero or incomplete response to ACNES steroid injections. ACNES can be considered early as the treatment is so low risk, but other deeper pathology must always be kept in mind.
- (2) ACNES can occur in the context of chronic back pain or other chronic pain syndromes. The success rates in these cases can be dramatically lower due to central pain “wind up” and back pain causing tension of the anterior cutaneous nerve at its source in the thoracic vertebrae. ACNES is almost certainly never the only cause of abdominal pain and is part of a multi-faceted approach to a patient’s pain profile.
- (3) Pain associated with extensive abdominal scarring from previous surgery is probably not ACNES and should be treated surgically if required. This is especially the case if there is abdominal wall mesh involved.
- (4) As Gastroenterologists, we can only assist in making the initial diagnosis and limit our involvement to a total of 3 steroid injections in the same location. Once that limit is reached, we are obliged to handover primary management to a Pain Physician.