

Pain and Pulmonary Relief: A Case of Reproducible Asthma and Rhinosinusitis Symptom Resolution Following Stellate Ganglion Block

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Introduction

- Patient was a 35-year-old woman with history of fibromyalgia, PTSD, and chronic low back pain
- Allergic rhinitis and asthma were poorly controlled at baseline despite treatment with: Albuterol, Azelastine, Budesonide, Cetirizine, Intranasal Fluticasone, Montelukast
- ≥1 ED visit for bronchospasm within 5 years
- Sustained left radial head fracture (2023) → developed CRPS of the left upper extremity
- Underwent stellate ganglion block (SGB) as a part of routine CRPS management

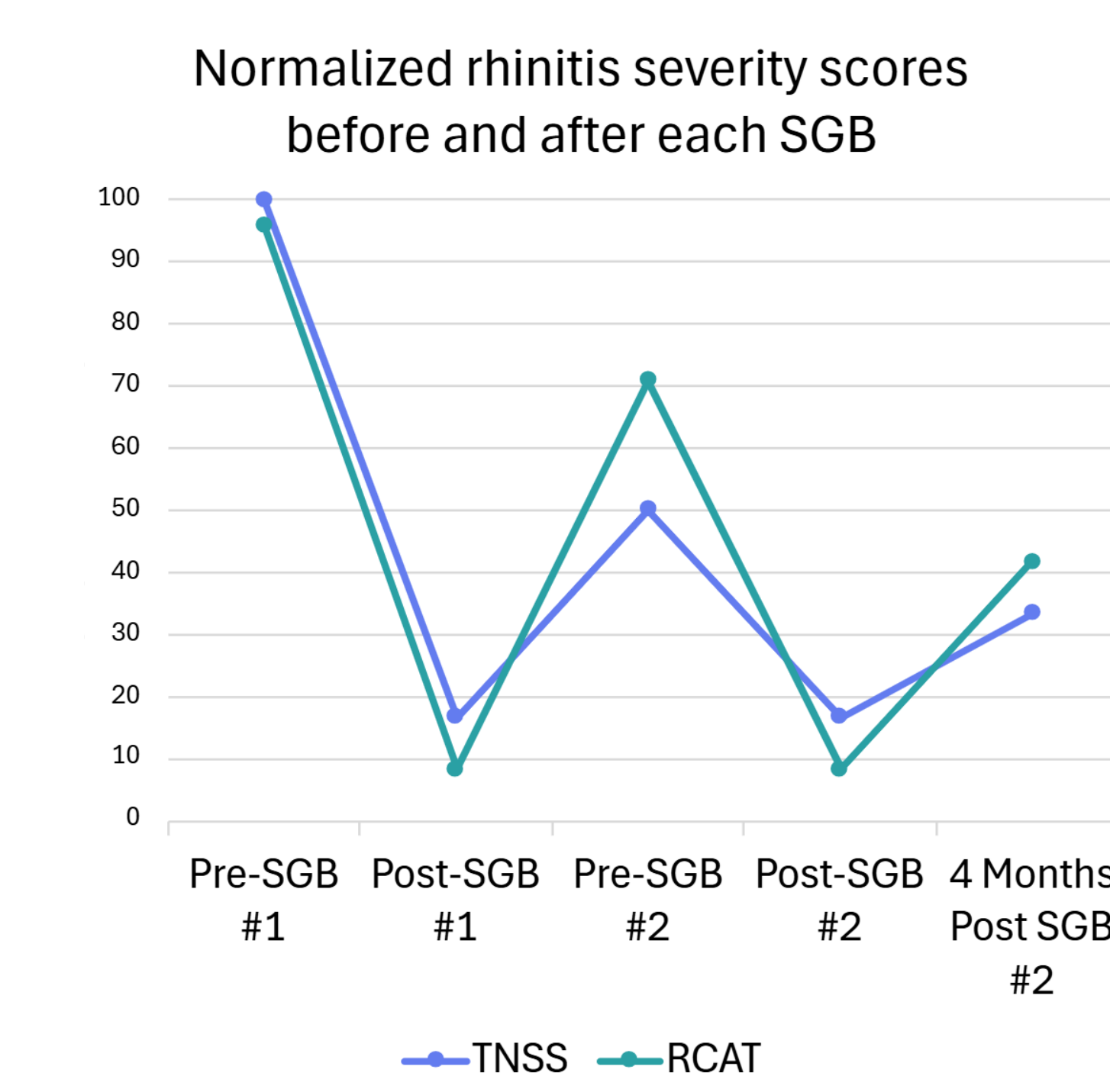
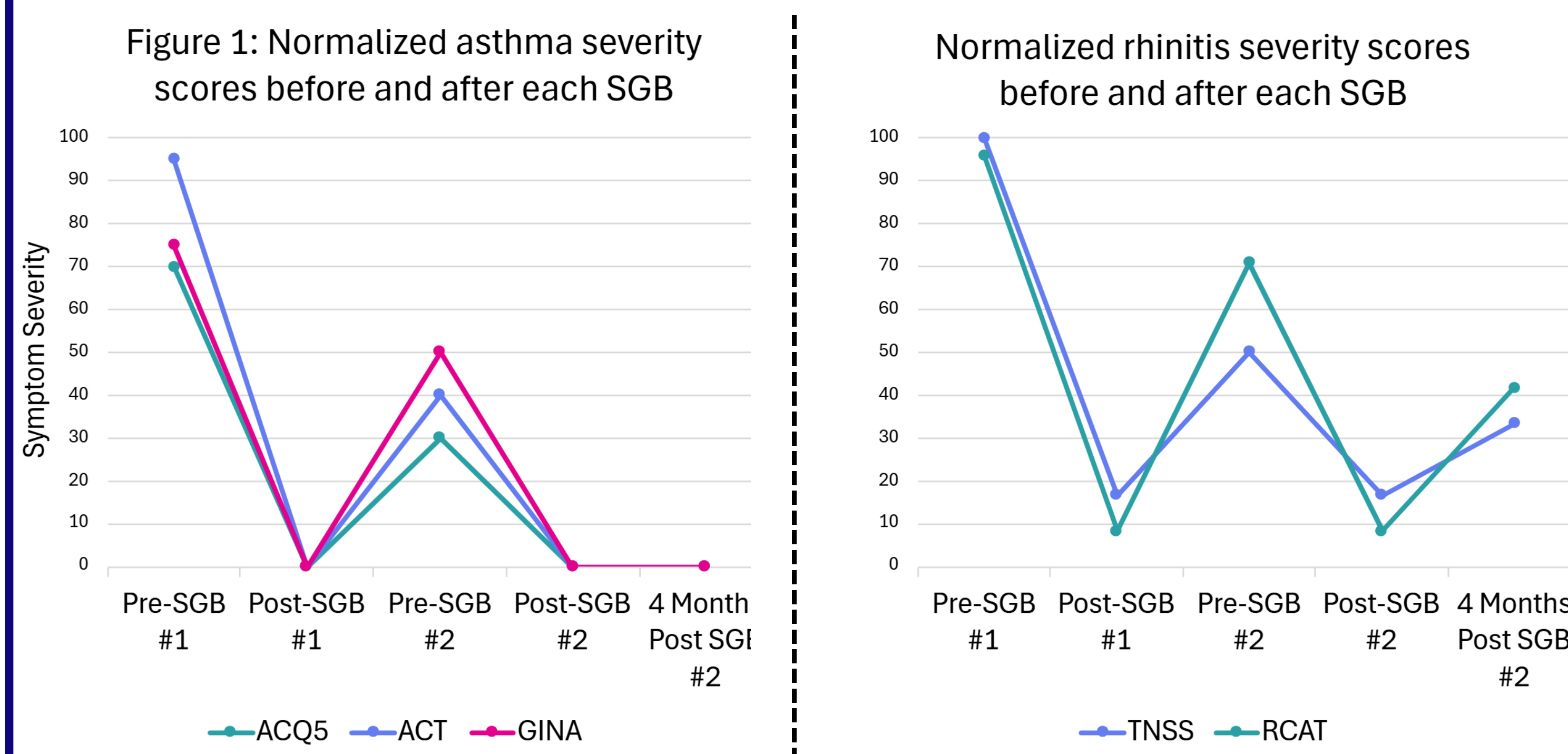
Primary Aim

This case report demonstrates incidental improvement of atopic airway disease with Stellate Ganglion Blockade (SGB), with effects reproduced when the treatment was repeated one year later

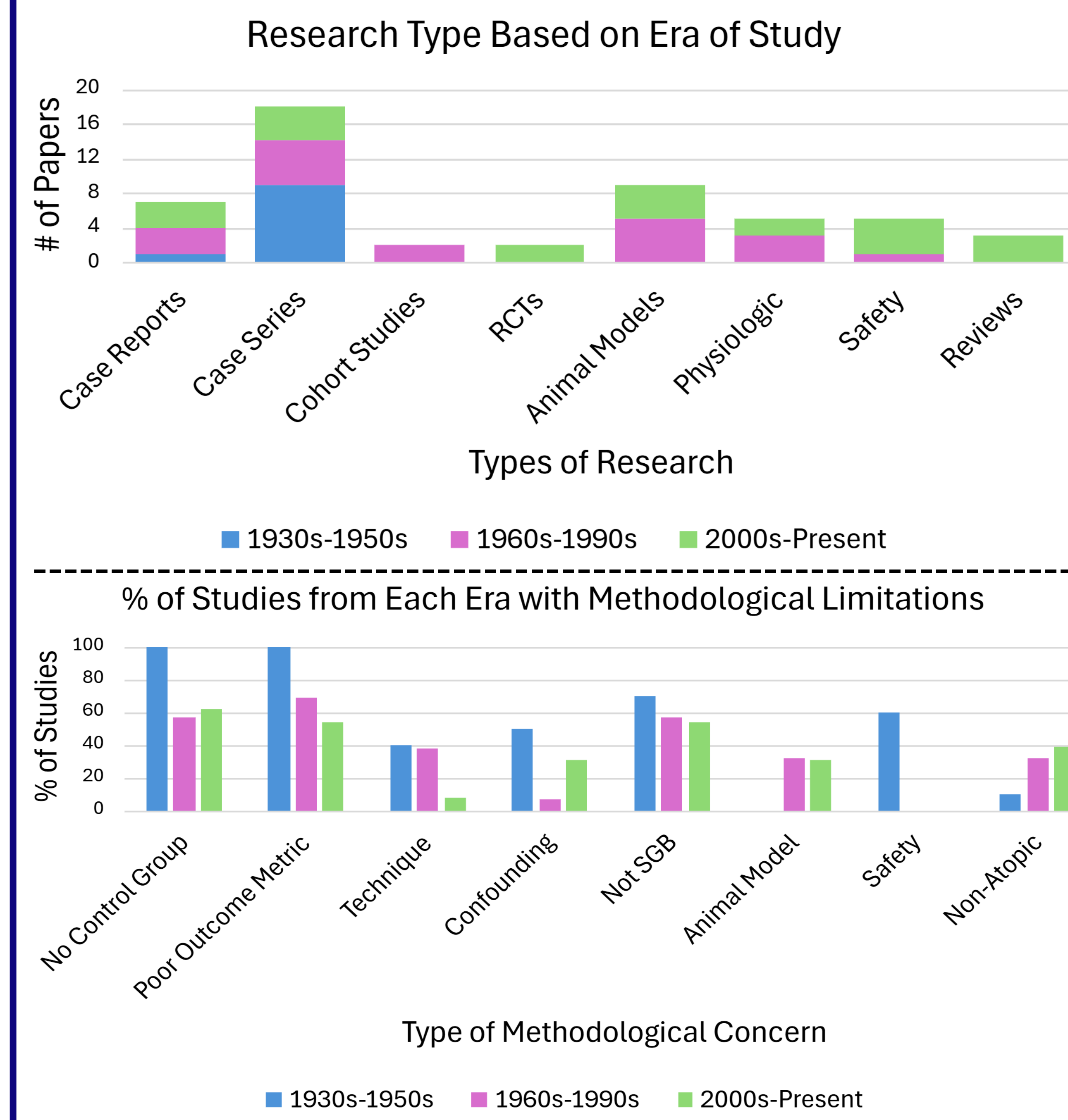
Clinical Timeline

- 11/17/23: Fall led to L radial head fracture
- 02/28/24: CRPS symptom onset
- 05/08/24: Pre-SGB #1 timepoint
- 05/15/24: SGB #1 performed
- 05/29/24: Post-SGB #1 timepoint
- 05/14/25: Pre-SGB #2 timepoint
- 05/21/25: SGB #2 performed
- 06/04/25: Post-SGB #2 timepoint
- 09/15/25: 4 Months Post-SGB #2 timepoint

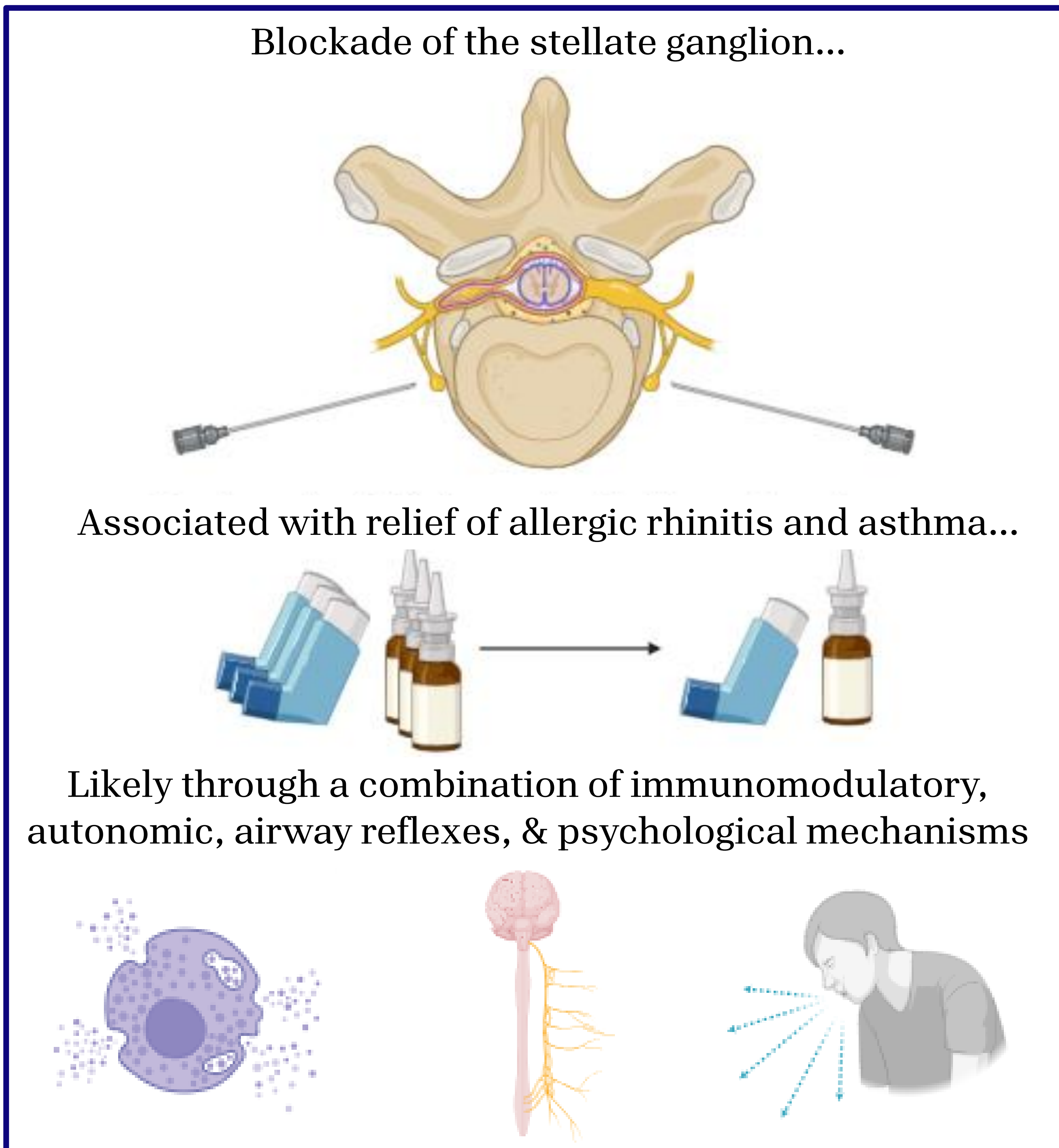
Outcomes Data



Basis in Prior Literature



Conceptual Summary



Primary Takeaway

Sympathetic interventions may have a role in treating allergic rhinitis and asthma, and could help to identify future targets for immunomodulation

Discussion

- SGB may attenuate atopic airway inflammation through neural immunomodulation
- Findings support a possible autonomic component to the unified airway hypothesis
- Reproducible response after repeat treatment suggests a physiologic rather than incidental effect
- Results merit further prospective study of sympathetic interventions in atopic disease management

References