



[17,25,26,37]. The most common ones described in literature are infection and epidural hematoma but also cerebrospinal fluid stula and headache related to stimulation are reported. Seizures induction occurred during the intraoperative motor mapping, following MCS programming and during chronic MCS, not necessary leading to the development of epilepsy. In several studies publications long-term loss of efficacy is described due to cortical plasticity, scarring of the epidural electrode, depressive disorders.

### **Conclusion**

MCS has emerged as an effective technique of neurostimulation in relation to severe medically intractable pain and it is more frequently used than DBS because it is easier to perform, has a wider range of indications and lack of risk of intracranial hemorrhage. Atypical facial pain or trigeminal deafferentation pain and central post-stroke pain had more favorable response to MCS. Complications are relatively rare. Many aspects of MCS still remain unclear, especially the neural circuits involved and their response to long-term stimulation.

### **References**

1. Meyer-Rosberg K, Burckhardt CS, Huizar K, Kvarnström A, Nordfors LO, et al. with chronic neuropathic pain. *Eur J Pain* 5: 391-403.
2. Meyer-Rosberg K, Kvarnström A, Kinnman E, Gordh T, Nordfors LO, et al. (2001) Peripheral neuropathic pain--a multidimensional burden for patients. *Eur J Pain* 5: 379-389.
3. brain. Boston, Brown and Company.
- 4.

