Erythromelalgia is a rare incapacitating disease characterized by burning pain, redness, swelling, and increased temperature of affected extremities. It typically involves the feet more than the hands. It is exacerbated by heat and exercise and resistant to treatment. Patients often find relief only by immersion of the extremities in ice water. We present a case of a 14 year-old female who had been having up to 10 episodes of burning pain in her feet on a daily basis for over a year. She had tried many therapies including relaxation, massage, and medications including opioids, antidepressants, pregabalin, and steroids. She had seen many specialists and received little help. She was admitted to our hospital for severe pain not responding to her usual techniques of immersion in cold water, rest, and elevation. During her admission she showed no response to high dose opioids or aspirin therapy. She was subsequently started on intravenous lidocaine with the aim of placing her on oral mexiletine as a potential long-term treatment. Her response to lidocaine was dramatic and by the evening of the first day she was requiring no narcotics. By day two she was virtually pain free, happy, and ambulating around the PICU. She did have a flare up on day three and required breakthrough opioids. On day four she transitioned to mexiletine. She was discharged after several days of therapy in order to make an outside appointment with instructions to taper her mexiletine up to reach a therapeutic blood level. Her response to mexiletine has thus far been equivocal. Her response to intravenous lidocaine, however, was very encouraging and suggests that this may be a favorable treatment option for adolescents with erythromelalgia.

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