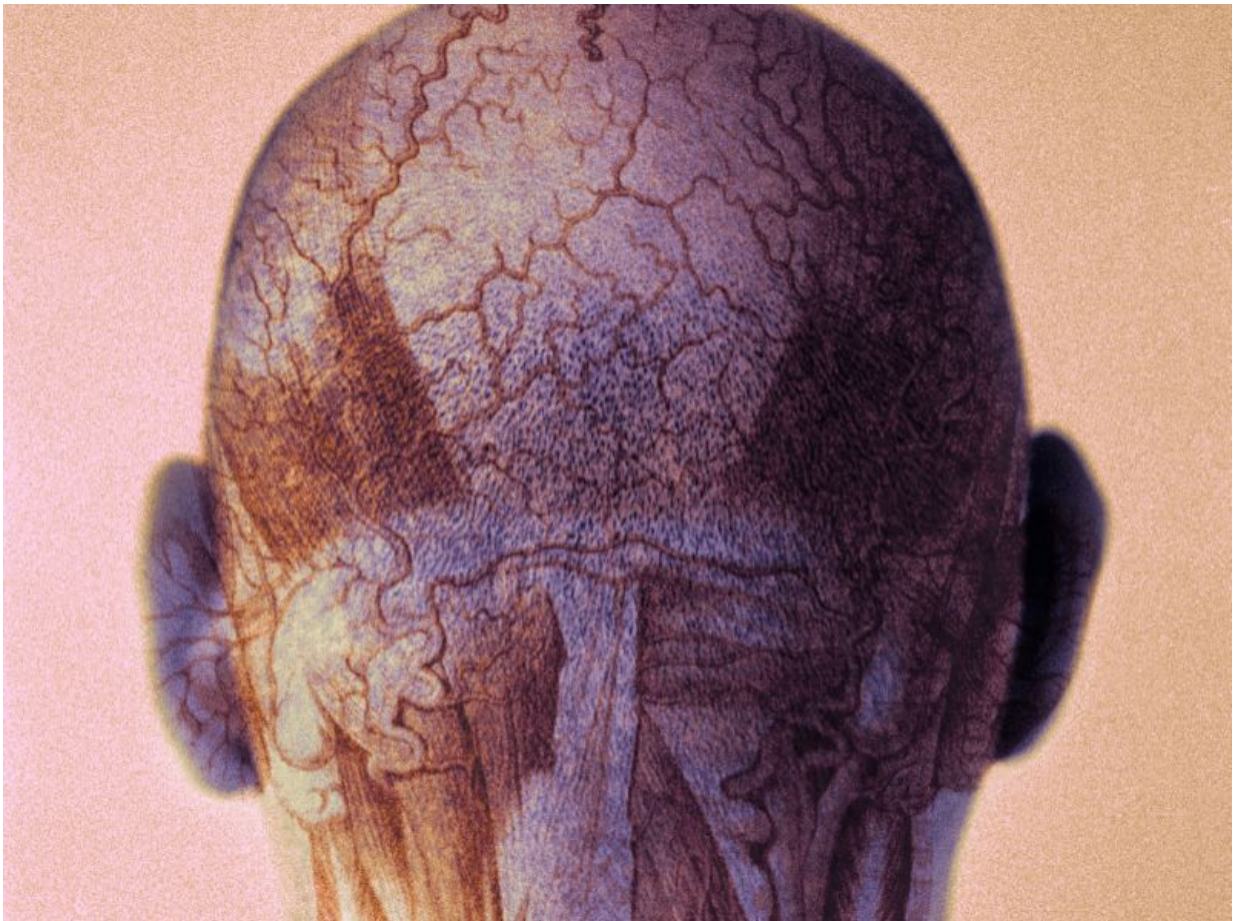


Research for post-craniotomy analgesia uneven in quality

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(HealthDay)—Studies reporting pharmacological and adjuvant analgesic

modalities for post-craniotomy pain control have significant divergence in their research methods, according to a review published online Dec. 20 in *Pain Practice*.

Georgia G. Tsaousi, M.D., Ph.D., from Aristotle University of Thessaloniki in Greece, and colleagues conducted a [systematic review](#) of the literature to report current clinical evidence relating to pharmacological and adjuvant analgesic modalities for post-craniotomy pain control. Nineteen randomized controlled trials (RCTs) with 1,805 patients were included.

The researchers found that quality of [research methods](#) was moderate to good for most of the studies. Fourteen RCTs assessed systemic pharmacological intervention. Superior pain relief was provided by opioids (five RCTs), with no significant side effects, but the study quality was low. Adequate craniotomy pain control was presented by diclofenac (three RCTs), without adverse effects, but there was no support for parecoxib. Adequate transitional analgesia was provided by dexmedetomidine (three RCTs), but further research is needed. Very limited data were available on the analgesic efficacy of gabapentin, pregabalin, and intravenous lidocaine (one RCT each). In the early postoperative period, scalp infiltration/block provided adequate analgesia (three RCTs), while more studies are needed to verify the [analgesic](#) benefit from nonpharmacological interventions (two RCTs).

"No definite recommendations can be made based on this systematic [review](#) of pharmacological interventions following craniotomy due to significant divergence in the methodology of available studies," the authors write.

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