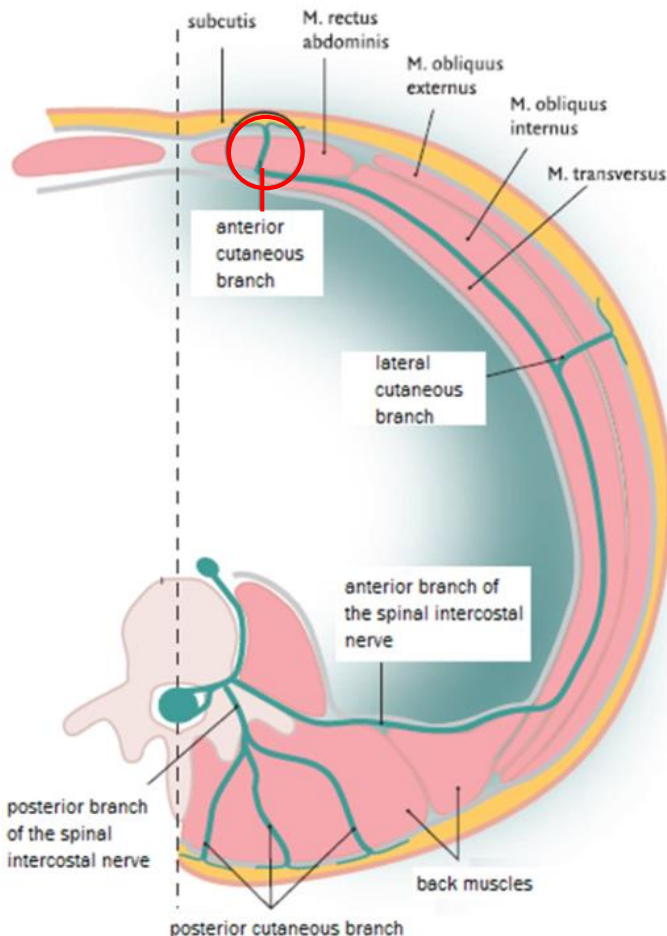
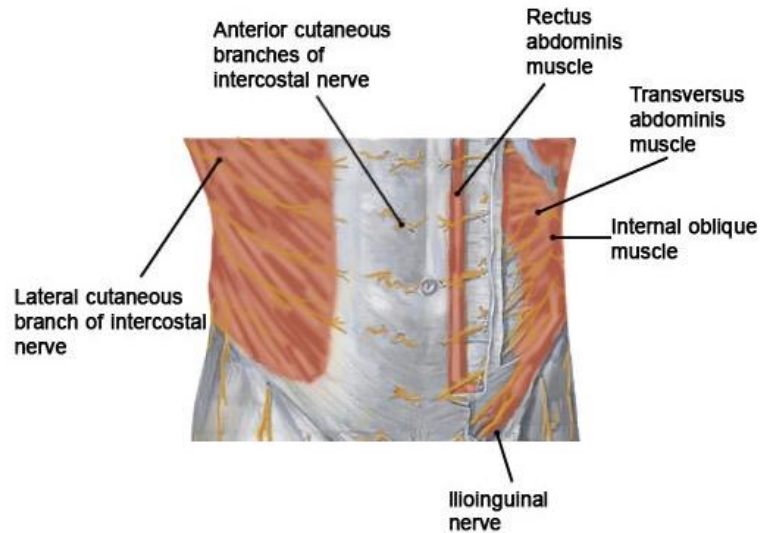




Abdominal Cutaneous Nerve Entrapment Syndrome (ACNES)

What is the Abdominal Cutaneous Nerve?

The **Abdominal Cutaneous Nerves** are the terminal branches of the intercostal nerves after they enter the rectus channel. They emerge lateral to the rectus muscles and **provide sensation to the skin over the front of the abdomen.**



What causes Abdominal Cutaneous Nerve Entrapment Syndrome?

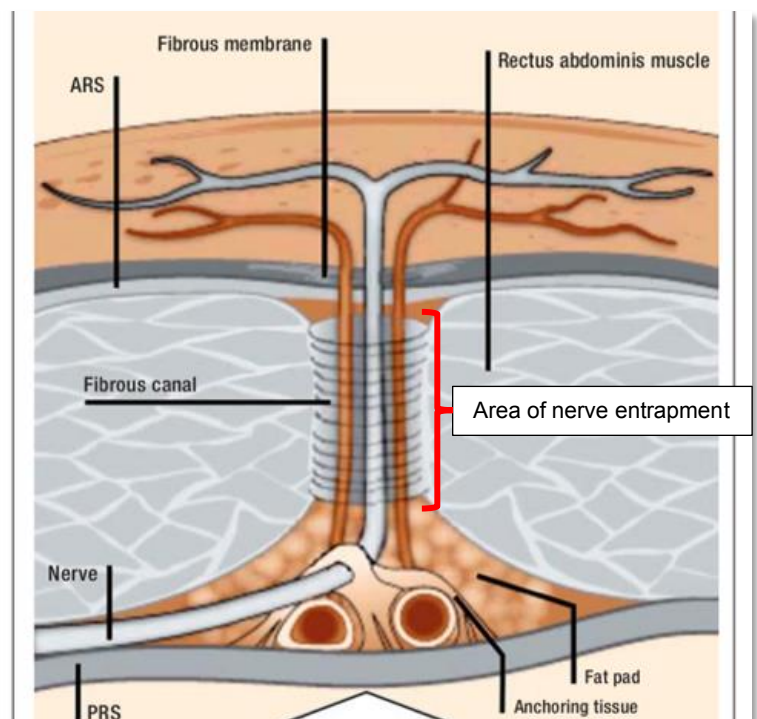
Abdominal pain is common, but it is usually attributed to internal organs, the abdominal wall musculature, or the skin of the abdomen. **Abdominal Cutaneous Nerve Entrapment Syndrome (ACNES) occurs when the nerve supplying the skin over the front of the abdomen gets irritated within the rectus channel.** Too much pressure on the nerves within the channel can irritate the nerve and/or compress the blood vessels that supply the nerve. This can be caused by strained fascia, muscle, scar tissue, or increased intraabdominal pressure.

What are the symptoms?

ACNES causes pain or a **burning sensation on the front part of your abdomen**, and the character of the pain is usually **different than the pain that comes from the organs** in your abdomen or a muscle strain. It can be **worsened by movement and flexing the abdominal muscles** and can be relieved by relaxing the abdominal muscles and laying down.

What treatments are available?

ACNES can go away on its own if there is a stop to the nerve irritation, but oftentimes this condition can last a long time and treatment may be necessary to get back to normal life. It can be treated with **neuroleptic medications such as gabapentin**. This can help treat the pain, but it will not stop the irritation of the nerve, and some people have difficulty tolerating the side-effects. The pain can be stopped temporarily with injection of a long-acting anesthetic. This may be a good option if the pain recently started, and you are expecting it to go away soon. [Corticosteroid injections](#) can decrease inflammation of the nerve



and the tissue around nerve to relieve pressure and may be a curative treatment, but corticosteroids often have adverse side-effects. [Nerve hydrodissection](#) is a procedure where a solution of dextrose and numbing medications are injected around the nerve to calm the nerve down and physically break up/dissect any adhesions. [Neural therapy](#) is a procedure where the superficial branches of the nerve are treated to calm down an overactive nerve. Another treatment that works well is [Osteopathic Manipulative Treatment \(OMT\)](#), a hands-on treatment that helps remove restrictions on the nerve and its surrounding fascia. All of these treatments can be curative and we have had good success with them at [Motion is Medicine](#). The most invasive approach is to surgically remove the nerves in what is called an **“anterior neurectomy.”** This is curative, but you will lose sensation to the skin of the area that the nerve was supplying.