Letters to the Editors

Myofascial pain syndrome may be the most difficult disorder that is differentiated from fibromyalgia

Sirs,
I read an article written by Di Franco M. *et al*. (1). There are two kinds of theories about relationship between fibromyalgia (FM) and myofascial pain syndrome (MPS). One theory is as follows: FM is distinct from MPS, and sometimes comorbid with it. The other theory is as follows: MPS is localised FM or a preclinical stage of FM. I believe the latter theory. Ge *et al*. reported most of tender points sites in 30 patients with FM are myofascial trigger points (2). Giamberardino *et al*. reported that MPS from trigger points and FM are common musculoskeletal pain conditions that frequently coexist in the same patients (3). If the first theory is true, MPS may be the most difficult disorder that is differentiated from FM. What does Dr Di Franco think? How many patients were misdiagnosed as having MPS?

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Reply

Sirs,
We thank Dr Toda for his interest and comments on our paper.
Myofascial pain syndrome (MPS) and fibromyalgia (FM) are both characterised by chronic musculoskeletal pain which is localised in isolated area of the body in MPS while is represented by widespread pain in FM.
MPS is characterised by the presence of trigger points that, as well known, are different from tender points of FM (1).
Even if pain is the hallmark of FM, it is associated with other features such as fatigue, sleep disturbances, anxiety, depression, irritable bowel syndrome, headache, dysmenorrhea, paresthesia and dysesthesia, as pointed out by the 2010 ACR preliminary diagnostic criteria.
In our study we enrolled patients with FM diagnosed with the ACR 1990 criteria while MPS patients were excluded. In our cohort, a group of FM patients had previously had a misdiagnosis. All patients reported chronic widespread pain that may be a common symptom of other rheumatic diseases. We found 13 cases (23%) of arthritis, 15 cases (26%) of connective tissue diseases, 16 cases (28%) of spondyloarthropathies and 13 cases (23%) of other diseases.
In agreement with Bennett and Goldenberg (2), we think that MPS can evolve in FM because of central sensitisation but the characteristics of the two diseases are different; for this reason, we decided to exclude form our study patients with MPS.

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