

Neurolytic Adductor Canal Block for the Management of Intractable Cancer Pain

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Introduction

- 15-20% of cancer patients have intractable pain despite increasing doses of systemic medications, including opiates.¹
- Phenol injections can be used for neurolysis of key peripheral nerves to aid with cancer pain.
- Presenting a case of an 11 y.o female with hx of AML in remission who came to pain clinic with hx of bilateral distal femur osteonecrosis due to Graft versus Host Disease (GvHD). Patient was wheelchair bound secondary to pain despite attempts at multimodal analgesia and increasing opiate requirements.

Methods

- Patient and family were consented for risks and benefits of phenol injection, including loss of sensation in the described distribution.
- A preliminary block using 0.2% ropivacaine was done to ensure adequate effect. The patient received a right sided iPACK block followed by a right sided adductor canal nerve block after which she was able to stand up and jump on one leg. The left side was similarly blocked with the same effect.
- Patient then presented for bilateral adductor canal blocks under general anesthesia. 4 mL of 6% phenol was injected at each site.

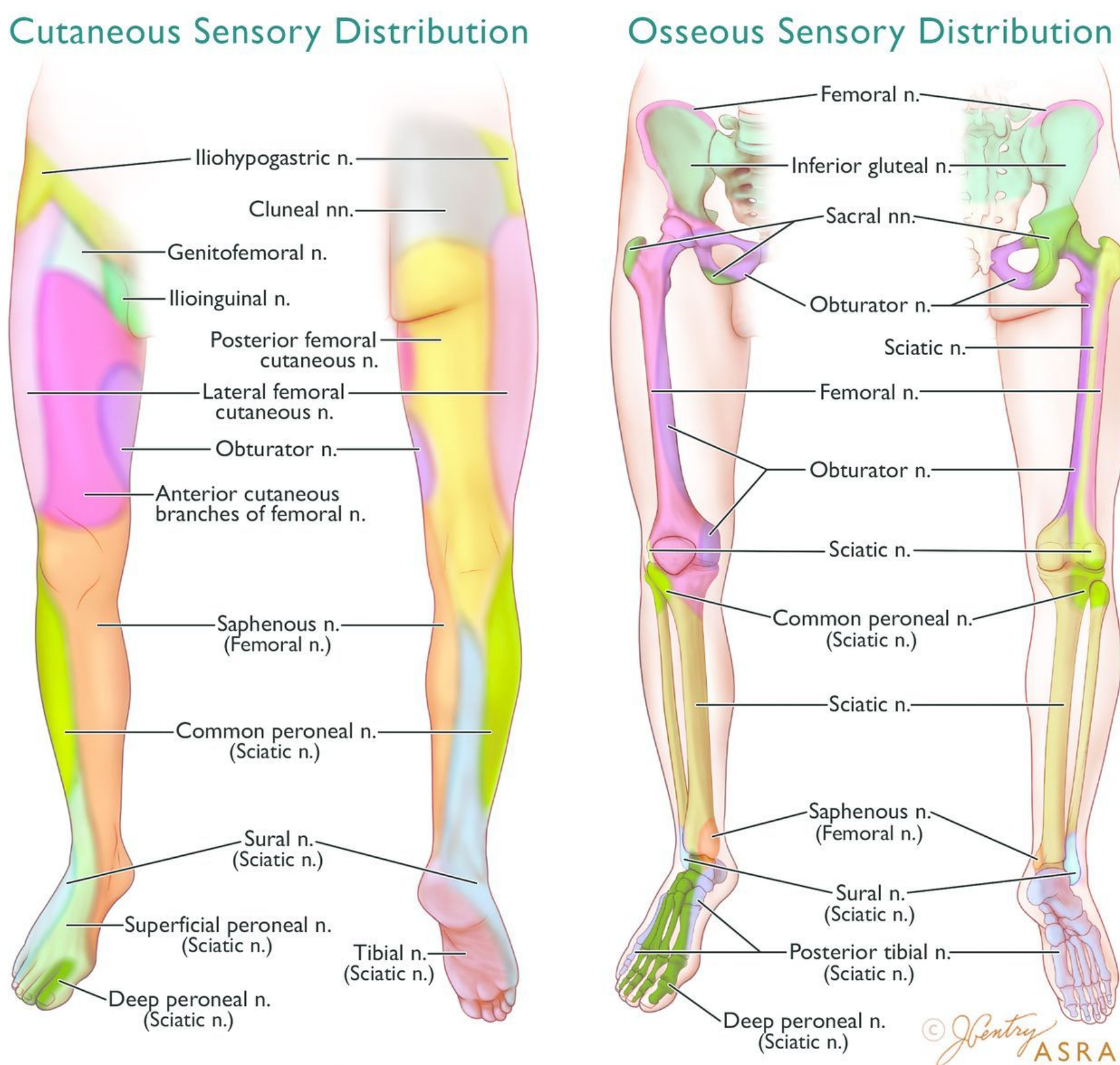


Figure 1. Sensory and osseous distribution of distal femur.²

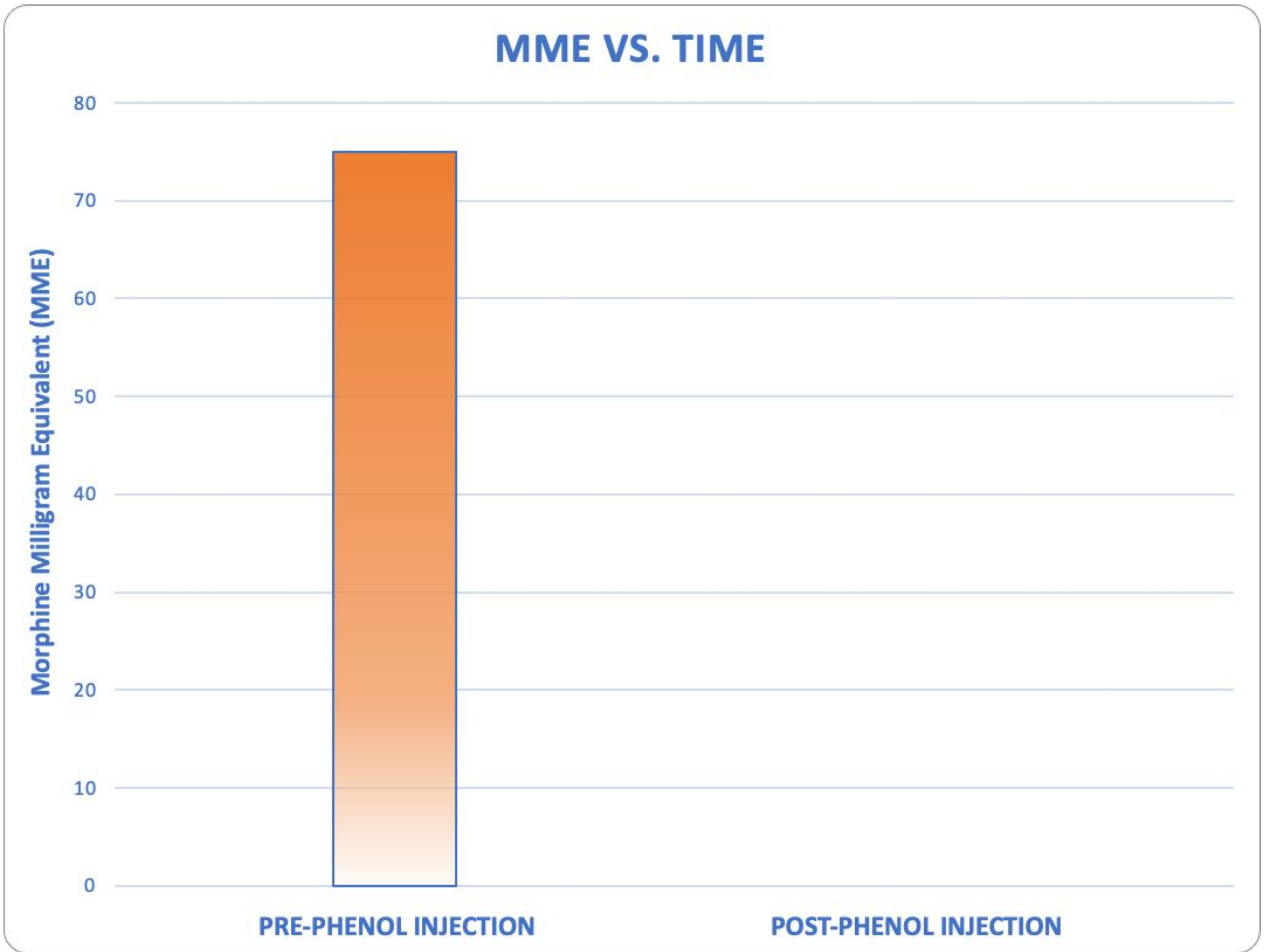


Table 1. Morphine milligram equivalents pre and post phenol injection.

Results

- At 3 week follow up, patient was weaned off all opiates and was no longer wheelchair bound.

Discussion

- This case presents the successful use of bilateral adductor canal blocks via phenol neurolysis which to our knowledge, has not been reported in the literature.
- Although phenol injections come with various risks, our patient was a proper candidate given the previous failed therapies and the significant impact her pain was having on her quality of life.
- Patients and families must be thoroughly educated on the potential risks of the procedure and should be involved in shared- decision making.

References

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2. Tran, D. Q. , Salinas, F. V. , Benzon, H. T. & Neal, J. M. (2019). Lower extremity regional anesthesia. Regional Anesthesia & Pain Medicine, 44 (2), 143-180. doi: 10.1136/rapm-2018-000019.

