

Intractable Eye Pain in a Patient with Sclerosing Orbital Pseudotumor.

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Introduction

- Idiopathic sclerosing orbital pseudotumor, or idiopathic sclerosing orbital inflammation (ISOI), is a rare inflammatory disease that presents with periorbital inflammation, ocular movement restriction, visual loss and eye pain.
- The disease is poorly understood, and treatment is difficult.
- The goal of this Case Report is to illustrate how enhancing standard acute pharmacological intervention with holistic, patient-centered approaches to care such as ongoing patient-physician dialogue and consideration of psychosocial factors enables more successful pain treatment.

Case Description

- 44 year-old female with past medical history of type 2 diabetes mellitus, rheumatoid arthritis, Graves’ disease, depression, anxiety and bilateral sclerosing orbital pseudotumor presented with severe bilateral eye pain, chest pain and shortness of breath.
- Vital signs and labs all within normal limits. On physical exam, well nourished but in substantial discomfort.
- Since pseudotumor diagnosis in 2014, the patient tried many therapies including oral steroids, immunomodulators, chemotherapy, sphenopalatine nerve blocks and orbital decompression.
- Despite home medications including oxycodone, pregabalin, prednisone and azathioprine, patient had recurrent severe pain flares requiring in patient management with methylprednisolone daily, oxycodone and hydromorphone.
- On this hospitalization, patient received methylprednisolone on each of the first two days then resumed prednisone on day three.

Case Description (continued)

- For pain, she, was started on standing oxycodone and prn hydromorphone and continued on home medications, pregabalin, aziothioprine, venlafaxine, clonidine and hydroxyzine.
- Her pain medication escalated to a dilaudid PCA pump before tapering back down to oral medication.
- Pain Management practitioners spoke with the patient daily about her care, consulted her outpatient rheumatologist and pain management physician to facilitate continuity of care. Furthermore, the team suggested outpatient substance dependence consult for the psychosocial aspects of her pain and physician-supervised opioid taper.
- Two weeks after discharge, the patient reported in clinic that her eye pain, while still present, had improved.
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Discussion

- This patient’s numerous comorbidities confounded and complicated pain management. Her underlying anxiety may have been exacerbated by her Graves’ disease and affected how she perceived her pain and its relief.
- Corticosteroids are first-line therapy for orbital pseudotumors. Low dose radiation, ssurgical debulking and immunomodulators are common adjunct therapies.
- In this case, the team achieved pain relief with traditional interventions of high dose IV steroids and hydromorphone, combined with an interdisciplinary approach that incorporated specialists from ophthalmology, rheumatology and pain management throughout hospitalization.
- Equally importantly, the team acknowledged that psychosocial factors contributed to her pain.

Discussion (continued)

- Furthermore, the team deduced that long term oxycodone home medication may have ind.ced hyperalgesia.
- Looking to the future, the team advised outpatient oxycodone taper and substance dependence counseling.
- These measures may have imparted resilience, and just as risk factors engender chronic pain, provided the patient with tools to reverse her chronic pain.
- This holistic approach to sclerosing orbital pseudotumor allowed for significant pain relief for the patient

Conclusion

- While steroids and opioids are effective for flares, managing chronic pain with opioids may in fact exacerbate pain.
- Addressing the patient holistically, including their psychological state, may enable providers to form a stronger therapeutic alliance and reduce perceived discomfort.
- When treating intractable pain, an effective management strategy will be patient-tailored and integrate pharmaceutical and psychological approaches.

References

Hsuan JD, Selva D, McNab AA, Sullivan TJ, Saeed P, O'Donnell BA. Idiopathic sclerosing orbital inflammation. *Arch Ophthalmol.* 2006;124(9):1244-1250. doi:10.1001/archoph.124.9.1244
Pemberton JD, Fay A. Idiopathic sclerosing orbital inflammation: a review of demographics, clinical presentation, imaging, pathology, treatment, and outcome. *Ophthalmic Plast Reconstr Surg.* 2012;28(1):79-83. doi:10.1097/IOP.0b013e318238ecf7
Khine AA, Prabhakaran VC, Selva D. Idiopathic sclerosing orbital inflammation: two cases presenting with paresthesia. *Ophthalmic Plast Reconstr Surg.* 2009;25(1):65-67. doi:10.1097/IOP.0b013e3181934624
Cohen SP, Vase L, Hooten WM. Chronic pain: an update on burden, best practices, and new advances. *Lancet.* 2021;397(10289):2082-2097. doi:10.1016/S0140-6736(21)00393-7