

INTRO

- The medical team in the institution where the intrathecal pump implant surgeries are being done need to be oriented and educated regarding possible complications of the surgery and to have an algorithm in place to manage these complications.

CASE REPORT

- 37-year-old female with a complex medical history, including congenital malrotation of the intestine, multiple abdominal surgeries, abdominal aortic aneurysm repair, and intrathecal pump placement for chronic abdominal pain, who presented to the hospital with significant abdominal and back pain after the intrathecal pump procedure.

DISCUSSION

- Initially, there were concerns about the possibility of a seroma or abscess, but a CSF leak could not be ruled out, leading to further investigation. One of the challenges in this patient’s case was to differentiate her chronic pain from the possible presence of narcotic bowel syndrome, given her prolonged opioid use. To investigate further, laboratory assessments, including white blood cell count (WBC) and lactate, were found to be within normal ranges, indicating no signs of acute infection or bowel ischemia.

CONCLUSION

- Intrathecal pain management is an invaluable option for alleviating chronic pain in selected patients. However, as demonstrated by this case report, the risk of infection should not be underestimated. In the current case, several questions were raised including the etiology of the initial fluid collection -CSF vs Seroma-, the integrity of the IDDS system -Vs. Constant CSF leak-, possibility of the infection in IDDS.
- Timely recognition and appropriate management of such complications are crucial for achieving favorable patient outcomes.

Intrathecal pain management is not without risks, and complications can arise, warranting careful patient selection, monitoring, and management



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