



A CASE OF PERSISTENT ABDOMINAL PAIN FOLLOWING A GUNSHOT WOUND

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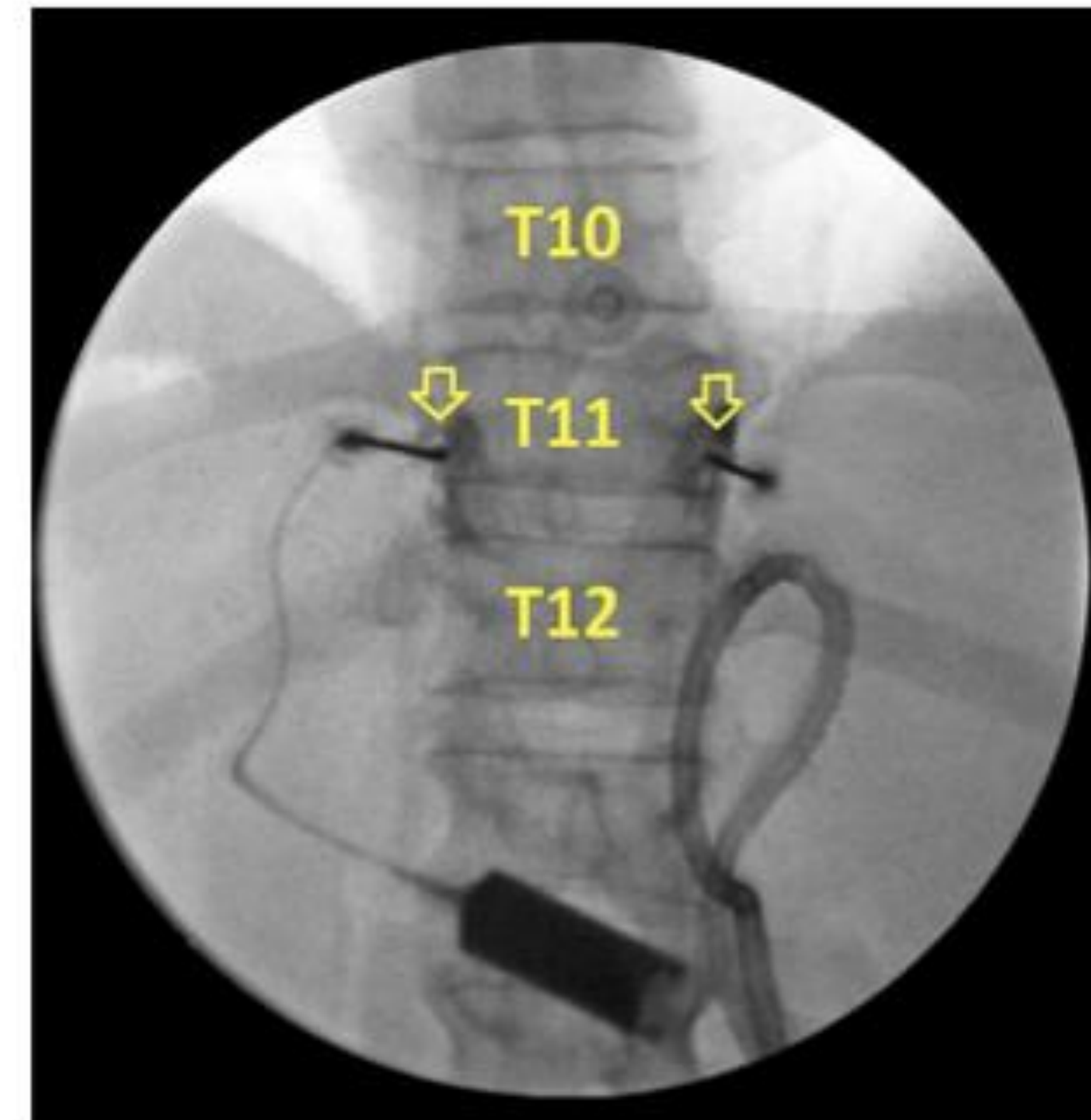


Case Presentation

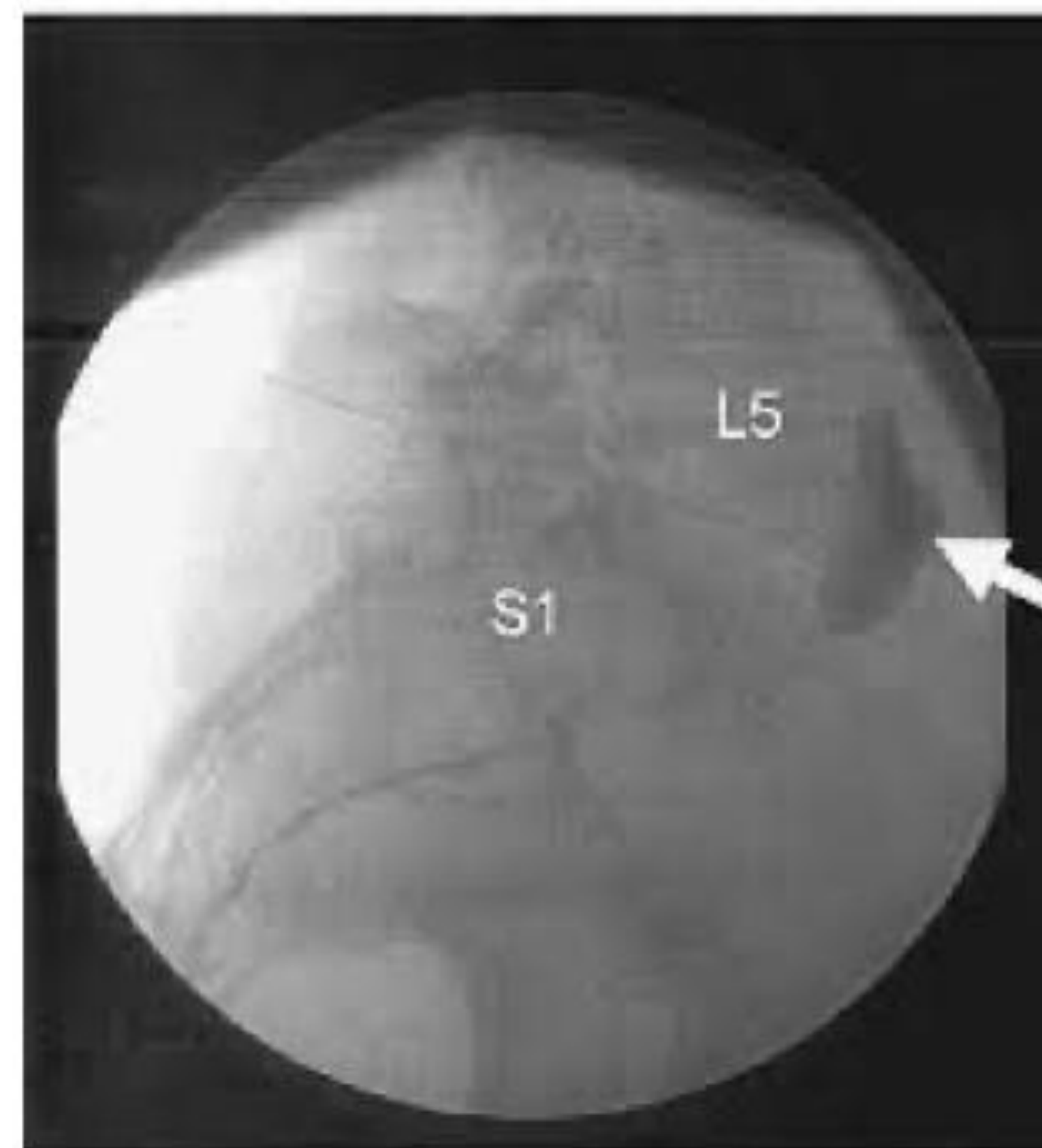
A 25-year-old male presented to the pain management clinic with left lower quadrant abdominal pain and nausea. He suffered an abdominal gunshot wound 3 years prior, for which he underwent an exploratory laparotomy without acute findings. He followed up with his surgeon and a gastroenterologist, with a diagnosis of possible cyclical vomiting syndrome given his history of daily marijuana use. He quit smoking for three months, however, his symptoms persisted. He tried multiple medications and cognitive behavioral therapy without relief. He reported mild temporary relief with tramadol for abdominal cramping pain and ondansetron for nausea, however, presented to the ER multiple times for his pain.

References

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2. Urits I, Schwartz R, Herman J, et al. A Comprehensive Update of the Superior Hypogastric Block for the Management of Chronic Pelvic Pain. Curr Pain Headache Rep. 2021 Feb 25;25(3):13. doi: 10.1007/s11916-020-00933-0. PMID: 33630172.
3. Tanabe Y. (2019) Superior Hypogastric Plexus Block (X-Ray Fluoroscopy-Guided, CT-Guided). In: Ohseto K., Uchino H., Iida H. (eds) Nerve Blockade and Interventional Therapy. Springer, Tokyo. https://doi.org/10.1007/978-4-431-54660-3_41



Splanchnic nerve blocks and radio-frequency ablation



Superior hypogastric plexus block

Discussion

Splanchnic nerve blocks and radio-frequency ablation have been shown to decrease pain, opioid use, and acute pain admissions, and have been used successfully in patients with chronic pancreatitis and gastric malignancy (1). Superior hypogastric plexus blocks have been used especially in patients with chronic pelvic pain, and have been shown to provide long-lasting pain relief in 50-70% of patients (2).

While our patient received only transient relief with nerve blocks, his pain is currently improved with amitriptyline. We hope to provide him with further future pain relief.

Conclusion

He underwent a bilateral splanchnic nerve block, with 70% relief for a week before his pain returned. 5 months later, he underwent a left superior hypogastric plexus block with 80% relief, however his pain returned 2 weeks later. At last visit, amitriptyline was continued with referral for osteopathic manipulative treatment. He was educated regarding dorsal root ganglion stimulation, which he will consider.