



Complexity in Pain Management for Patient with Metastatic Squamous Cell Carcinoma Secondary to Hidradenitis Suppurativa

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Introduction

- Hidradenitis Suppurativa (HS) is a chronic and painful inflammatory skin condition resulting from occlusion of folliculopilosebaceous units [1].
- Predisposing factors include genetic susceptibility, mechanical trauma, obesity, viral infections, and tobacco use.
- While HS can involve multiple intertriginous areas, the perineum is involved in 30-50% of cases.
- The severity of disease may range from mild inflammatory nodules to widespread abscesses.
- Squamous cell carcinoma (SCC) is a rare complication (100 published cases); epidemiologic data from Sweden National Cancer Registry identified five patients with SCC from 2119 HS patients in a 32-year period [2].
- While literature detailing this complication exist, the exact relationship has yet to be explored and integrated.
- In the published reports, almost all patients were male with localization in the perineum/buttocks, typically developed decades after HS diagnosis with risk of metastasis approximately 40% [3], and almost all led to death [1].

Materials and Methods

- As this is a Case Report devoid of patient identifiers, no IRB approval was required per UMMC policy.
- Informed consent was obtained from the patient for this presentation.

Patient Imaging



Figures: locally invasive SCC of groin and perianal skin in May 2024



Case Report

- A 33 yoM with HS complicated by SCC s/p eight chemotherapy cycles and multiple surgical resections, who developed recurrence of locally advanced SCC of right buttock and perianal skin, with significant groin pain and scrotal swelling intractable to Trazodone, Percocet, and Dilaudid.
- He was referred to Chronic Pain Management in Nov 2022.
- Recommendations for multimodal pharmacotherapy were discussed, though patient had history of self-deprescribing.
- Follow-up visits demonstrated continued pain, so medication regimen was adjusted to increasing opioid doses, gabapentinoids, and Nortriptyline.
- He continued to report excruciatingly sharp pain along buttocks/waistline with 8-10 severity.
- In March 2024, patient was admitted for sepsis from right groin lesion, requiring IV antibiotics.
- Acute Pain Service (APS) was consulted to manage intractable pain. A Ketamine infusion, Methadone, and Dilaudid PCA initiated without significant relief; regional technique not possible due to infection and anticoagulation for acute RLE DVT.
- Once medically optimized, team performed fascia iliaca and femoral nerve blocks with catheter placement (Ropivacaine 0.2% at 10 cc/hr), from which patient reported immense relief. However, a few days later catheter was found to be dislodged and removed.
- Prior to discharge, he underwent diagnostic ilioinguinal and hypogastric nerve blocks with Lidocaine 2%, which provided 100% pain relief.
- Outpatient management included right ilioinguinal and hypogastric nerve RFA.
- However, in May 2024 he had pseudoseizure (negative workup) attributed to uncontrolled pain, so was admitted and found to have metastatic disease.
- Goals of care discussion continued, with APS orchestrating multidisciplinary meetings with Social Work, Chaplains, Oncology, Palliative Medicine, and Psychiatry.
- Multimodal therapies, including opioids, NSAIDs, gabapentinoids, NMDA antagonists, muscle relaxants, and capsaicin utilized in interim.
- After two weeks, patient transitioned to hospice care on 5/15 and expired at home on 5/20.

Discussion

- Cancer-related pain is common among people with advanced cancer. While opioids remains the standard of care for moderate to severe cancer pain and can bring substantial relief, people with advanced cancer continue to experience poorly controlled pain.
- While behavioral and pharmacological pain coping strategies used by people with advanced cancer have been explored in other research, patients' strategies to psychologically cope with cancer-related pain remain poorly characterized.
- The growing awareness of opioid abuse and addiction in the chronic pain population, along with increasing cancer survivorship, has heightened our awareness of this potential problem in the cancer patient.
- This case demonstrates the difficulty that arises from treating cancer related pain, especially when secondary to a condition of poorly understood etiology.
- While multimodal pharmacotherapy is gold standard to optimize pain control, it is imperative to also consider multidisciplinary involvement to target pain from a biopsychosocial standpoint and dynamic goals with disease progression.
- Before establishing a multidisciplinary pain center (MPC), the pain problem, healthcare professionals (HCP) perceptions, expectations and the potential challenges of MPC establishment need to be identified.

References

1. Gierek M, Niemiec P, Szyluk K, Ochala-Gierek G, Bergler-Czop B. Hidradenitis suppurativa and squamous cell carcinoma: a systematic review of the literature. Postepy Dermatol Alergol. 2023 Jun;40(3):350-354. doi: 10.5114/ada.2023.126563. Epub 2023 Apr 21. PMID: 37545826; PMCID: PMC10399683.
2. Kohorst, J. , Shah, K. , Hallemeier, C. , Baum, C. & Davis, M. (2019). Squamous Cell Carcinoma in Perineal, Perianal, and Gluteal Hidradenitis Suppurativa: Experience in 12 Patients. Dermatologic Surgery, 45 (4), 519-526. doi: 10.1097/DSS.0000000000001713.
3. Calogero Pagliarello, Andrea Paradisi; The Perils of a Defective Medical Communication: Fatal Neglected Squamous Cell Carcinoma Arising in Perineal Hidradenitis Suppurativa. Case Rep Dermatol 1 April 2011; 3 (1): 5–7. <https://doi.org/10.1159/000323863>.
4. Laksono, R. M., Siswagama, T. A., Asmoro, A. A., Sjahrir, H., Musba, A. M., Halim, W., ... Visser, K. (2023). Identifying Pain Problems, Healthcare Professional Perceptions, Expectations and Challenges in Multidisciplinary Pain Center Establishment. Pain Management, 13(7), 385–395. <https://doi.org/10.2217/pmt-2023-0027>
5. Koyyalagunta D, Burton AW, Toro MP, Driver L, Novy DM. Opioid abuse in cancer pain: report of two cases and presentation of an algorithm of multidisciplinary care. Pain physician. 2011;14(4):E361-71.