



Celiac Plexus Neurolytic Block for Pain Management in Recurrent Pancreatitis and Gastrointestinal Malignancy

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CASE REPORT

29-year-old female with a history of colon cancer status post resection and recurrent pancreatitis

Past medical history:

- Colonic adenocarcinoma stage IIB s/p hemicolectomy
- Congenital heart disease s/p orthotopic heart transplant x2 and kidney transplant



TREATMENT

One stop shop: Bilateral retro-crural celiac plexus diagnostic block followed by neurolytic block **immediately** after positive pain relief

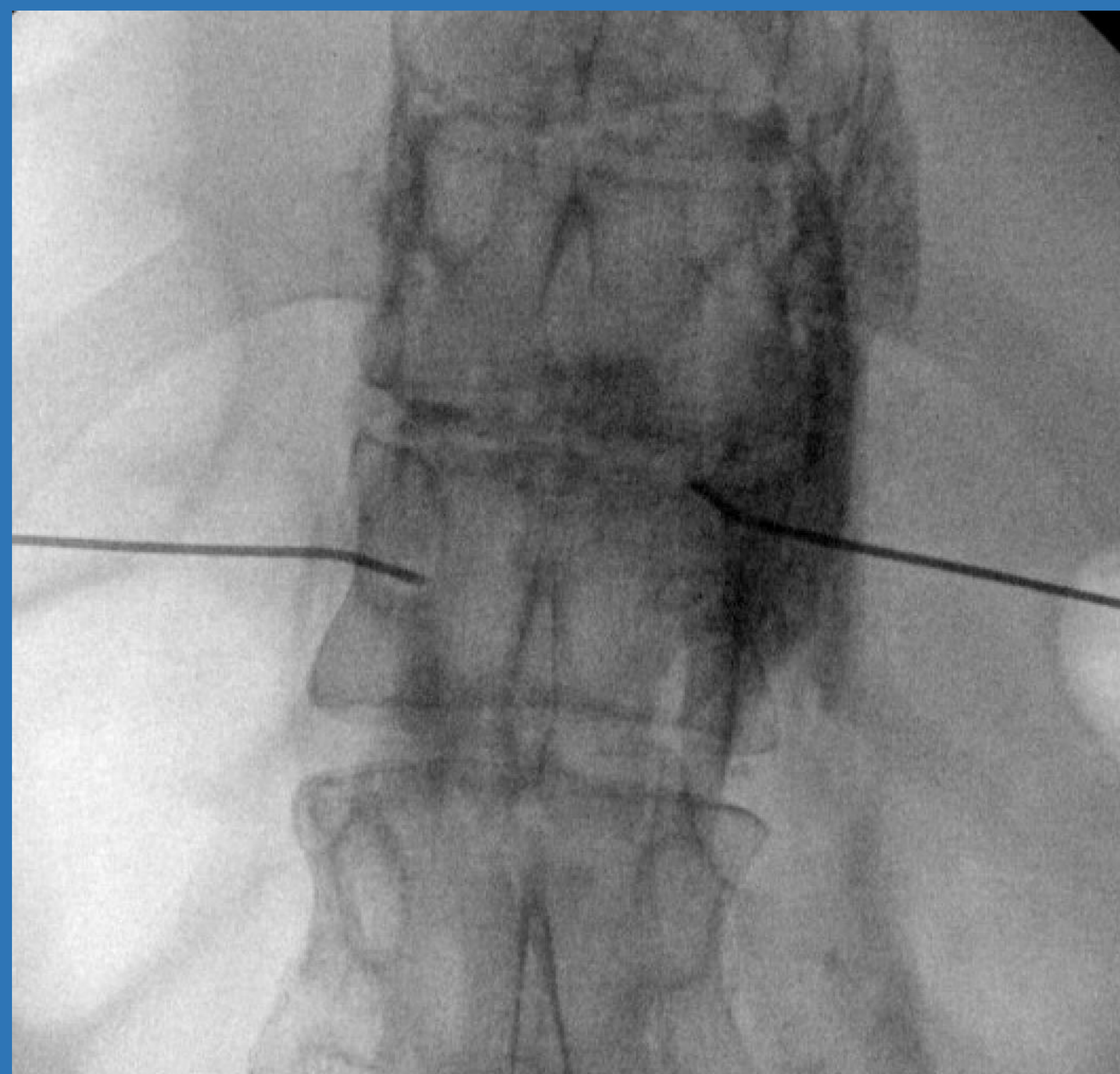
Bilateral celiac plexus diagnostic block

- Bupivacaine 0.25% 10 mL, lidocaine 1% 7 mL, triamcinolone 80 mg, dexamethasone 10 mg

Bilateral celiac plexus neurolytic block

- 20 mL of 99% denatured alcohol

Celiac plexus diagnostic block helps to determine safety and pain generator in patients with altered anatomy prior to neurolytic block



RESULTS

- Decreased pain within 5 minutes following the diagnostic block
- Pain relief sustained post-neurolytic block in follow-up - steroids given with block to help with Wallerian degeneration pain
- Pain relief is temporary and patient may need splanchnic block or intrathecal pump in future

IMPLICATIONS

This approach confirms the target and enhances the procedure's safety profile, especially in patients with altered anatomy

REFERENCES

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2. Liou H, Kong MJ, Alzubaidi SJ, Knuttinen MG, Patel IJ, Kriegshauser JS. 2021. "Single-Center Review of Celiac Plexus/Retrocrural Splanchnic Nerve Block for Non-Cancer Related Pain." *Academic Radiology* 28(Suppl 1):S244-S249. doi: 10.1016/j.acra.2021.03.005.

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