

INTRO

This case report details the successful management of phantom limb pain (PLP) in a 44-year-old female with persistent phantom limb pain post hemipelvectomy due to recurrent cervical squamous cell carcinoma. The patient presented with complications from her cancer treatment and pre-existing phantom limb pain, initially managed with a fentanyl PCA pump. Eventually, C-ARM guided lumbar sympathetic block was administered, providing significant pain relief and improved quality of life.

METHODS

- Patient presented with three-year history of phantom limb pain on the lower back and hips radiating to the lower extremities.
- She was assessed using the Numerical Rating Scale (NRS) and the American Chronic Pain Association Quality of Life Scale (ACPA-QOLS) at baseline with regular intervals during treatment. Interventional pain management was eventually offered as outpatient procedure to provide better pain relief and improved quality of life.
- Patient's informed consent for case report was signed.
- Case report is devoid of patient identifiable information, thereby exempted from IRB review requirements per St. Luke's Medical Center - Global City policy.
- At the outpatient operating room, patient put on prone position. Aseptic technique was done. C-arm identified bilateral lesions (metastatic tumors) at L2-L3 confirmed with dye uptake. A 10-milliliter solution containing Bupivacaine 0.25% and methylprednisolone 20mg were administered at the bilateral lower endplates of the L2 vertebral bodies using gauge 22 needle.

DISCUSSION

- The patient's chronic pain is complex, stemming from a combination of nociceptive pain from cancer, potential neuropathic pain from nerve damage, and phantom limb pain following amputation.
- Effective cancer pain management involves a comprehensive, multimodal approach that includes strong opioids, adjuvant analgesics like antidepressants, and interventional techniques.
- Phantom Limb Pain (PLP) is a central issue, thought to be caused by peripheral nerve changes and central nervous system reorganization. Management strategies include medication, non-pharmacological therapies like mirror therapy, and interventional options.
- A C-ARM guided lumbar sympathetic block was a key and successful intervention for the patient, which works by interrupting sympathetic nerve signals that contribute to lower extremity pain. This case suggests its utility for PLP, beyond its typical use for conditions like CRPS.
- The American Chronic Pain Association's Quality of Life Scale is presented as a valuable tool for assessing how chronic conditions like PLP affect a patient's daily functioning, helping to guide treatment planning.

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LUMBAR SYMPATHETIC BLOCK FOR MANAGING PHANTOM LIMB PAIN IN A SQUAMOUS CELL CARCINOMA PATIENT POST HEMIPELVECTOMY: A CASE REPORT

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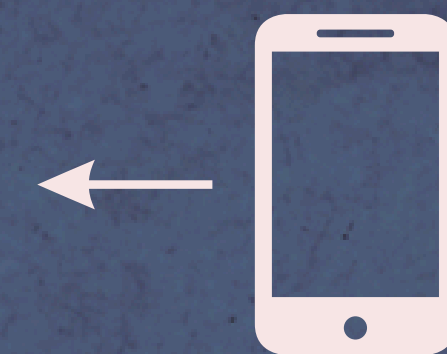
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KEY POINTS

- Lumbar sympathetic block (LSB) is an effective option to manage persistent phantom limb pain.
- It is suggested that the sympathetic nervous system plays a role in phantom limb pain.
- LSB can be used as part of a multidisciplinary biopsychosocial approach to pain relief.

RESULTS:

Immediately after the lumbar sympathetic block, the patient's pain score improved to 0-2 from baseline of 3-4. No complications were noted. Patient was sent home fully awake with stable vital signs. She was discharged improved. Upon follow-up after two weeks, the patient's pain scores for her phantom limb pain have diminished to NRS 3/10. American Chronic Pain Association Quality of Life Score is now 5/10 from 1/10 prior to intervention. She was able to rest at the comfort of her own home. She proceeded to continue with her company work.

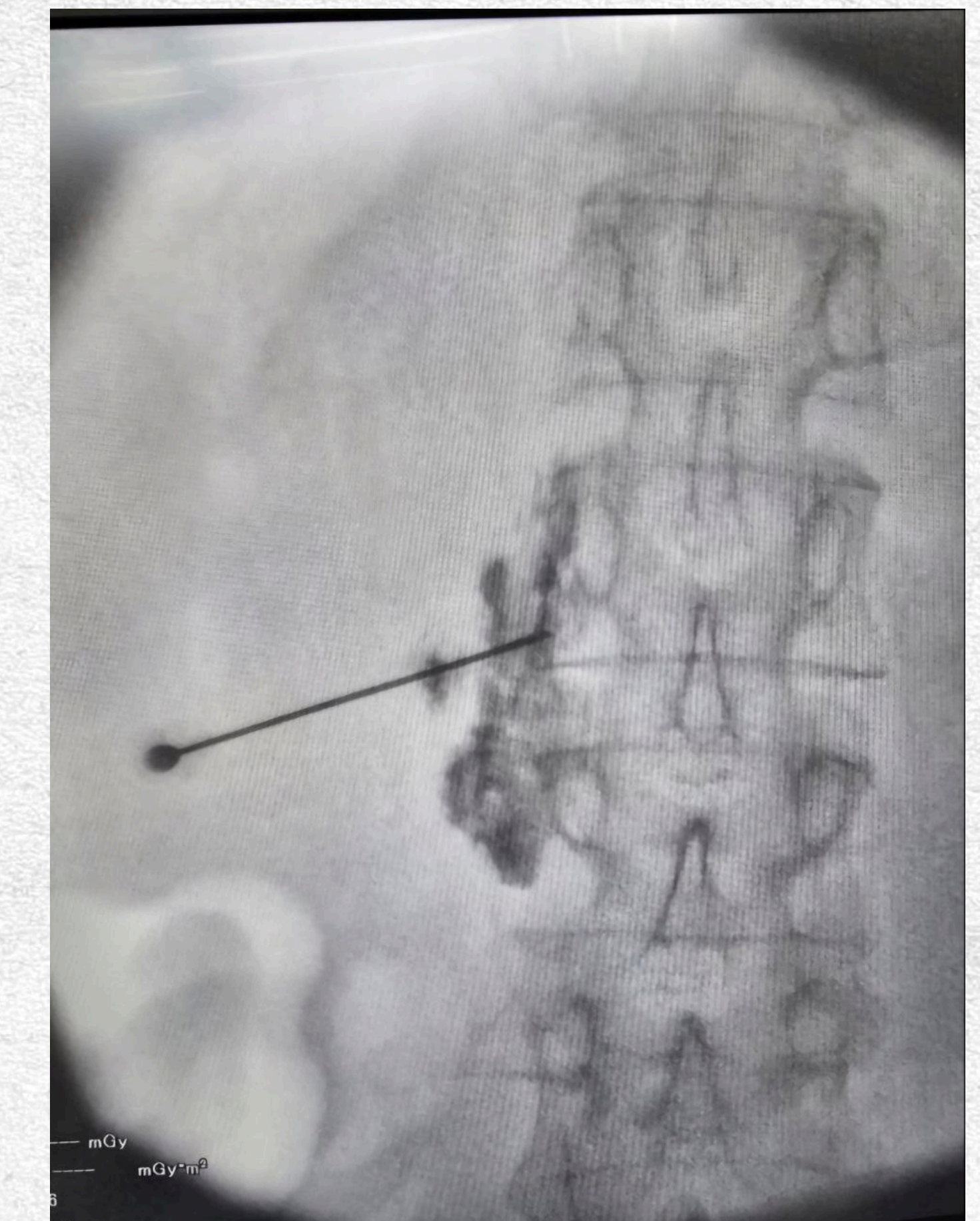
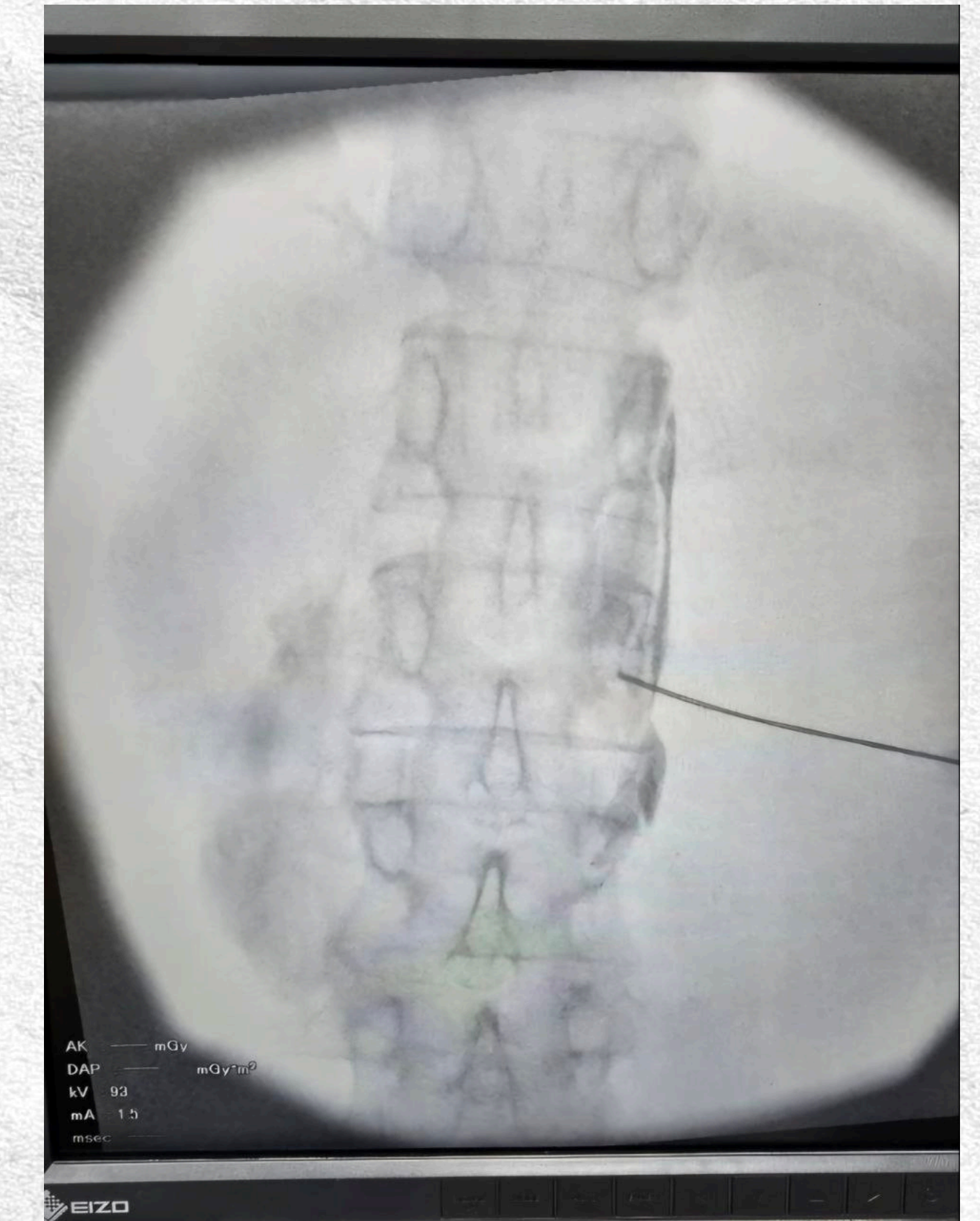


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 - Nikolajsen, L., & Jensen, T. S. (2001). Phantom limb pain: A review of the literature on pharmacological treatment options—part II: Mechanisms-based treatments and future directions for research studies on phantom limb pain treatment modalities including mirror box therapy and transcranial magnetic stimulation techniques as well as other non-pharmacological interventions like cognitive behavioral therapy which may also be beneficial in managing chronic neuropathic conditions such as PLP post-amputation surgeries. Journal of Pain Research, 4, 93–104.

IMAGES

C-arm images of the L2 bilateral lower endplates where medication was administered



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