

Severe Coughing from Oral Ketamine Troches Resulting in Large Rectus Sheath Hematoma

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Introduction

Ketamine oral formulations are being increasingly used off-label for complex regional pain syndrome with several studies supporting its therapeutic effect. While generally noted to be well-tolerated, ketamine or its excipients may provoke airway irritation and severe coughing. We present a rare complication of a rectus sheath hematoma secondary to severe coughing triggered by oral ketamine.



Patient Summary

RS is a 67yo male ski instructor with a history of complex ankle reconstruction diagnosed with CRPS via Budapest Criteria. After failing multiple medication trials and interventions (nerve blocks, peripheral nerve stimulator etc.) he agreed to trial oral ketamine troches, however shortly after developed severe coughing which he linked to the troches dissolving in his throat. Several days later he presented to an outside ED with right sided abdominal pain, SOB, and persistent coughing. Imaging revealed a large rectus sheath hematoma (17 x 10 x 13cm). Without trauma or anticoagulation, the hematoma was attributed to coughing-induced shearing of epigastric vessels.



Picture obtained from outside hospital emergency department.

*Submission of case for poster presentation was discussed with patient and informed consent was obtained.



FORMULA

Ketamine Hydrochloride 10-mg Troches

Rx (for 100 troches):

Ingredient

<i>Ketamine hydrochloride</i>	<i>1 g</i>
<i>Silica gel</i>	<i>1 g</i>
<i>Stevia</i>	<i>750 mg</i>
<i>Acacia</i>	<i>1.65 g</i>
<i>Citric acid</i>	<i>1.2 g</i>
<i>Flavor</i>	<i>qs</i>
<i>Polyethylene glycol 1450</i>	<i>qs</i>

Example of oral ketamine troche formulation.



Discussion

Rectus sheath hematomas are typically linked to trauma or anticoagulation but can rarely result from severe coughing. In this case, the likely cause was cough triggered by recent initiation of oral ketamine troches. Though not a common side effect, mucosal irritation or hypersensitivity to ketamine or its additives may be responsible.

CONCLUSION

This case highlights the need to monitor for atypical adverse effects when starting compounded oral medications, especially in patients with chronic pain syndromes requiring chronic therapy.



References

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