Pathologic Calcification of a Pain Pump: A Case Report

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Case Presentation

- 47 M intractable pain post-laminectomy. No significant PMH, hx of manual labor
- 2007: Spinal cord stimulator implanted
- 2012: Intrathecal pain pump (ITP) implanted
- 10/2025: Pump replacement with milkly-white fluid and calcifications along the pocket lining. Calcifications were dissected out, pulse lavage of pocket was performed, and fluid studies were sent which returned negative
- Next day patient presented with diarrhea, tremors, anxiety, difficulty sleeping. Due to concern for opioid withdrawal, pump rate increased. Dye study was negative and symptoms improved, suggesting proper device function
- 12/2026: Delayed wound healing, ~ 2 months for pocket to fully close
- 01/2026: Recurrent effusion, fluid studies sent which were negative

Main Finding

Intrathecal pain pump pockets may calcify and have recurrent effusions. However, this may not lead to infection, device dysfunction, or require explantation.

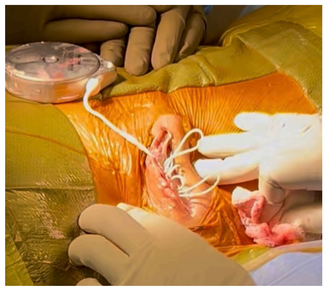
Discussion

- Rare finding: 1 other ITP case noted, otherwise typically bioprosthetic heart valves, vascular grafts, breast implants, cardiac defibrillators
- Unclear risk factors, potential mechanical stress from manual labor
- Potential hypothesized complications
  - —Difficulty accessing port
  - —Interruption of medication delivery
  - —Device or catheter dysfunction
  - —Infection
  - —Wound healing, erosion, dehiscence
- Due to the absence of systemic symptoms, negative fluid studies, and normal catheter function, removal of device was avoided and the patient continued to have adequate pain relief

Images







Citations

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