

Introduction

- Metastasis from pancreatic cancer to any skeletal muscle is exceedingly rare, especially to the thoracic region with incidence <1%
- Treatment of pain related to these tumors includes surgical removal and a multimodal pain medicine regimen
- We present a case where an ESP neurolysis was used successfully to manage pain from a pancreatic metastatic mass within the thoracic paraspinal muscle

Case Presentation

- 82-year-old woman with metastatic pancreatic cancer presented to our clinic with intractable mid-thoracic pain despite oral pain medications
- Imaging showed a 39 mm mass at the T7-T8 paraspinal muscle
- Pain described as sharp with paresthesia and a burning sensation that was worse with movement, coughing, and lying flat
- Patient had pain score of 6/10, BPI of 9, ODI 40%
- Underwent US-guided ESP in the office with 20cc 0.5% bupivacaine with a 4-point improvement in pain scale for 7 days
- To achieve longer pain control, patient underwent an ESP neurolysis with 15 cc of 6% phenol with minimal relief, possibly due to suboptimal spread with tumor edema
- Patient admitted 9 days later with uncontrolled thoracic pain
- Diagnostic ESP with 20 cc of 0.5% bupivacaine was repeated as an inpatient by the acute pain team with improvement in pain score to 0/10
- A neurolytic ESP block was repeated the next day with 15 cc of 6% phenol (Figure 2)
- Patient's blood pressure decreased from 196/103 to 154/98 with associated nausea and dizziness
- At 2- week follow up, patient reported 100% pain relief with BPI and ODI of 0

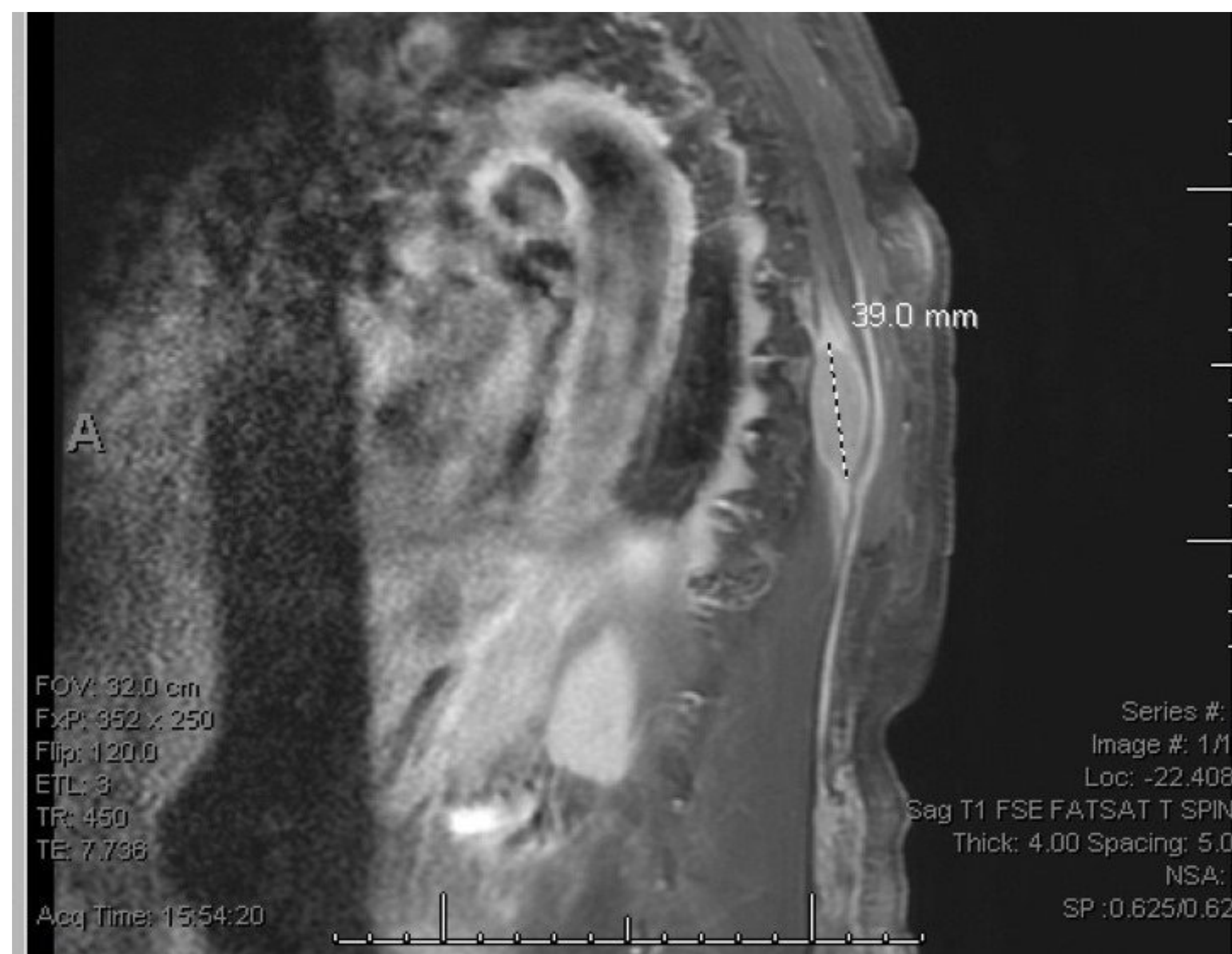


Figure 1: MRI of Thoracic Paraspinal Mass

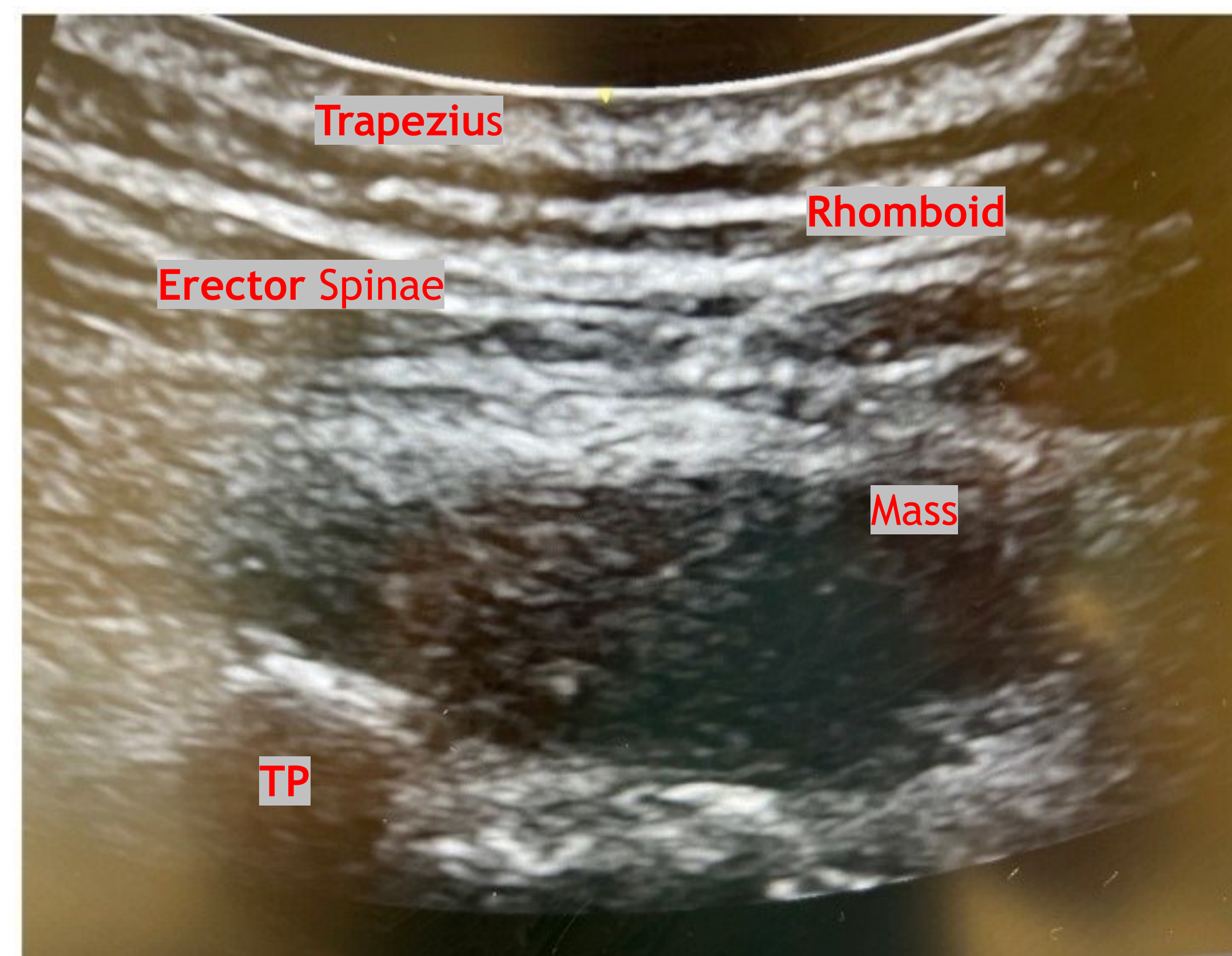


Figure 2: Ultrasound of Thoracic Paraspinal Mass during ESP Block

Discussion

- Cancer pain is common, occurring in over half of patients undergoing treatment
- Management of cancer pain is difficult and often requires complex medication regimens
- Our patient likely had pain originating from her intercostal and thoracic spinal nerves
- Small number of case reports show neurolytic blocks have been used in chest and rib malignancies with mixed results
- Our patient had excellent pain relief for several weeks after her inpatient block and was able to tolerate radiation sessions
- Patient showed evidence of a sympathectomy during her last neurolytic block

Conclusion

- Pancreatic cancer metastasis to skeletal muscle is extremely rare
- Neurolytic erector spinae block is a treatment option for thoracic masses causing intractable pain, especially if opioid intolerant
- Phenol may cause a sympathectomy during injection as well as unintentionally damage surrounding structures
- Diagnostic blocks with local anesthetic should be performed prior to neurolysis

References

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