

Intrathecal morphine for pain control following the complex resection of spindle-cell carcinoma involving the posterior chest wall.

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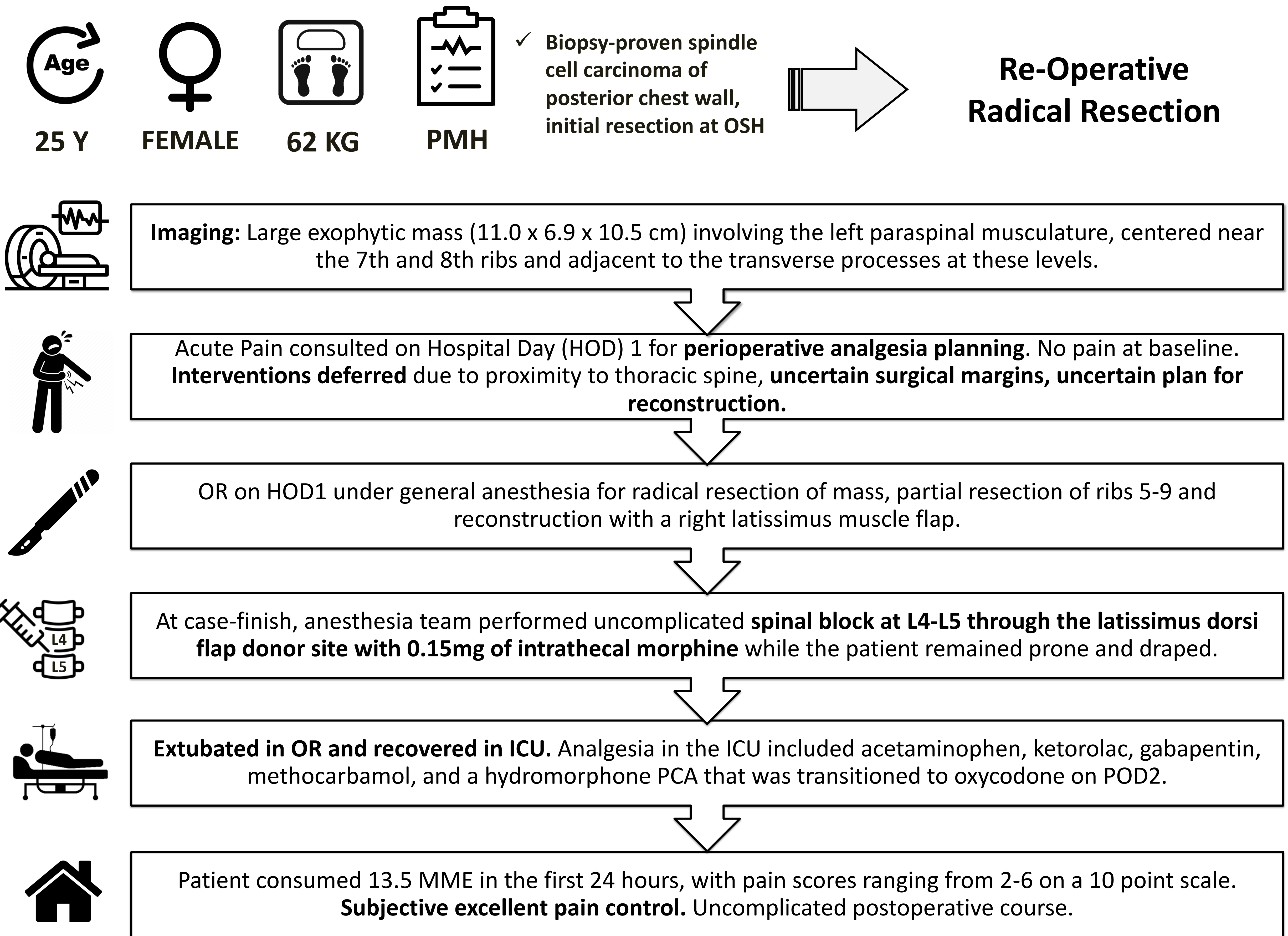
INTRODUCTION

- Insufficient postoperative pain management after thoracic surgery predisposes patients to reduced mobility, increased atelectasis, longer hospital stays, and higher healthcare costs¹.
 - Thoracic epidural remains the gold standard.
 - Multiple studies demonstrate the efficacy of paravertebral, erector spinae, and serratus anterior blockade².
- Intrathecal morphine (ITM) has long been shown to decrease postoperative pain scores and opioid consumption after major surgery³.
 - No published case reports describing the administration of intrathecal medications *through* new muscle flap donor site.
- In this case, we present the use of intraoperative single-shot ITM with needle puncture through a new latissimus dorsi muscle flap donor site for post-operative analgesia following resection of a posterior chest wall mass where the tumor extent and operative field precluded more traditional regional techniques for thoracic surgery.



• *Figure 1:* Exophytic mass (11.0 x 6.9 x 10.5 cm) involving the left paraspinal musculature, centered near the 7th and 8th ribs and adjacent to the transverse processes at these levels.

CASE PRESENTATION



DISCUSSION

- This case demonstrates the utility of single shot ITM for postoperative analgesia in a complex thoracic surgery patient where the tumor margins and the extent of resection prohibited the use of thoracic epidural, paravertebral, erector spinae, and serratus block techniques.
- Novel administration of intrathecal medication through a newly raised muscle flap, in the prone position.
- ITM has a low risk of technical complications, is cost-effective, with a long-lasting duration of 24-48 hours³.
 - Motor sparing with a minimal side effect profile at low doses, making it an attractive technique for thoracic surgery.
 - Previous studies demonstrated decreased pain scores and opioid use after video-assisted thoracoscopic surgery in patients who received a 0.2mg ITM dose compared to IV PCA alone⁴.
- ITM administration could serve as an analgesic adjust to thoracic epidural or truncal block techniques for thoracic surgery.**

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