

MANAGING COMPLICATIONS IN PEDIATRIC EWING'S SARCOMA: PAIN CONTROL AND WOUND INFECTION FOLLOWING KNEE DISARTICULATION CASE REPORT

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INTRODUCTION

- Ewing’s Sarcoma Overview:** A rare, aggressive bone cancer mostly seen in children, requiring chemotherapy, surgery, and radiotherapy.
- Pain Management Challenge:** Conventional analgesics often fail to provide adequate relief, particularly after major limb surgeries like knee disarticulation.

CASE STUDY

- Patient Profile:** 5-year-old male, Ewing’s Sarcoma in the left knee, underwent knee disarticulation.
- Initial Analgesic Approach:** Gabapentin, amitriptyline, and morphine were ineffective against severe neuropathic pain.
- Innovative Solution:** Introduction of ultrasound-guided sciatic anterior approach and femoral nerve blocks with clonidine and dexamethasone, leading to:
 - Significant pain reduction
 - Decreased opioid use
 - Elimination of phantom limb sensations

RESULTS

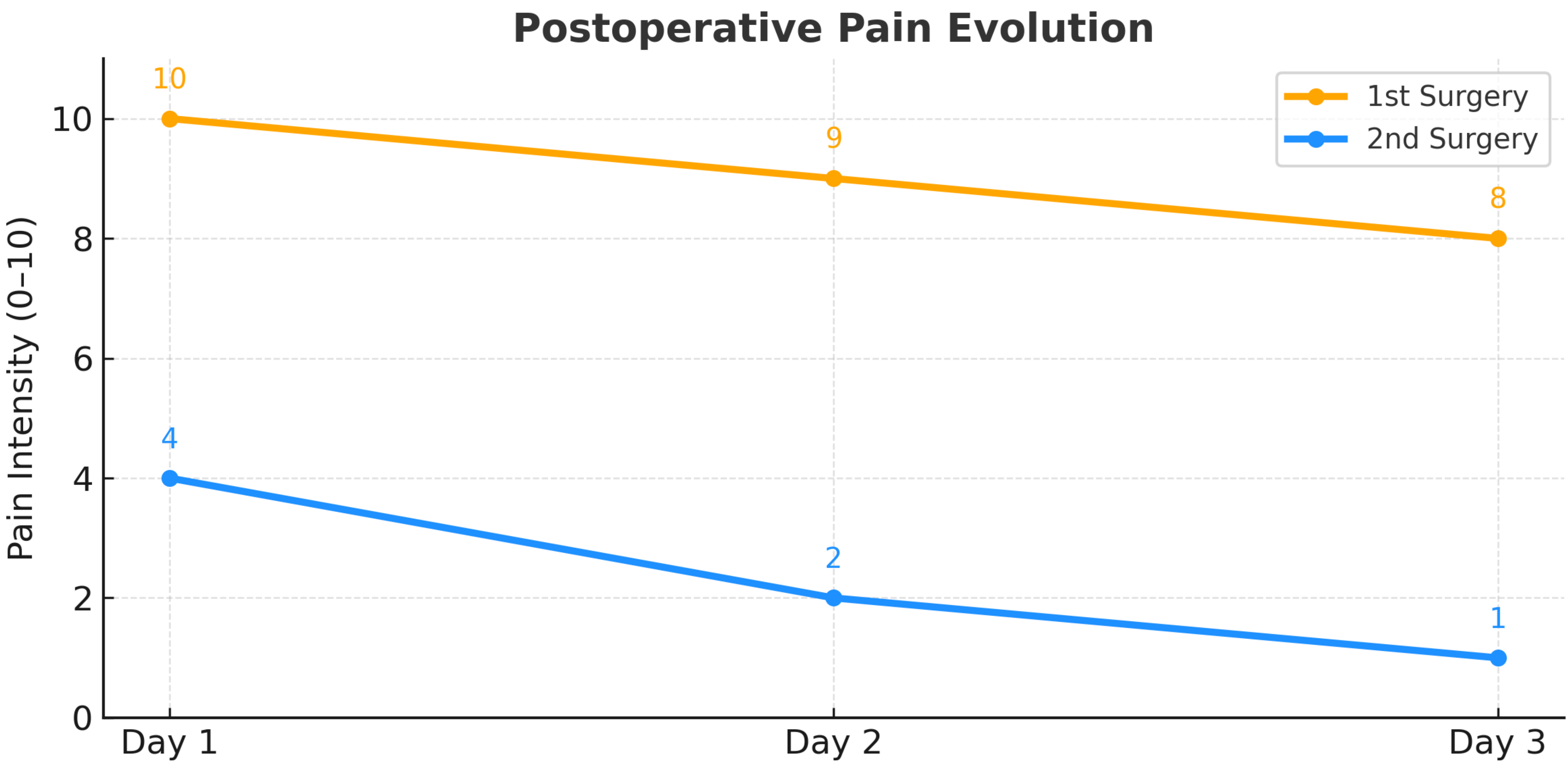
- Improved Outcomes:** Enhanced analgesia and comfort post-surgery, with minimal opioid requirements.
- Behavioral Improvements:** Reduced FLACC scale scores indicating decreased pain and distress.

DISCUSSION

- Importance of Multimodal Strategies:** Tailored approaches, including regional anesthesia, are critical for effective pain management in pediatric oncology.
- Potential Long-term Benefits:** Regional anesthesia may help prevent chronic postsurgical pain by reducing central sensitization.

CONCLUSION

- Promising Findings: Regional anesthesia is a valuable adjunct in pediatric oncologic surgeries, warranting further research to optimize protocols.



REFERENCES

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