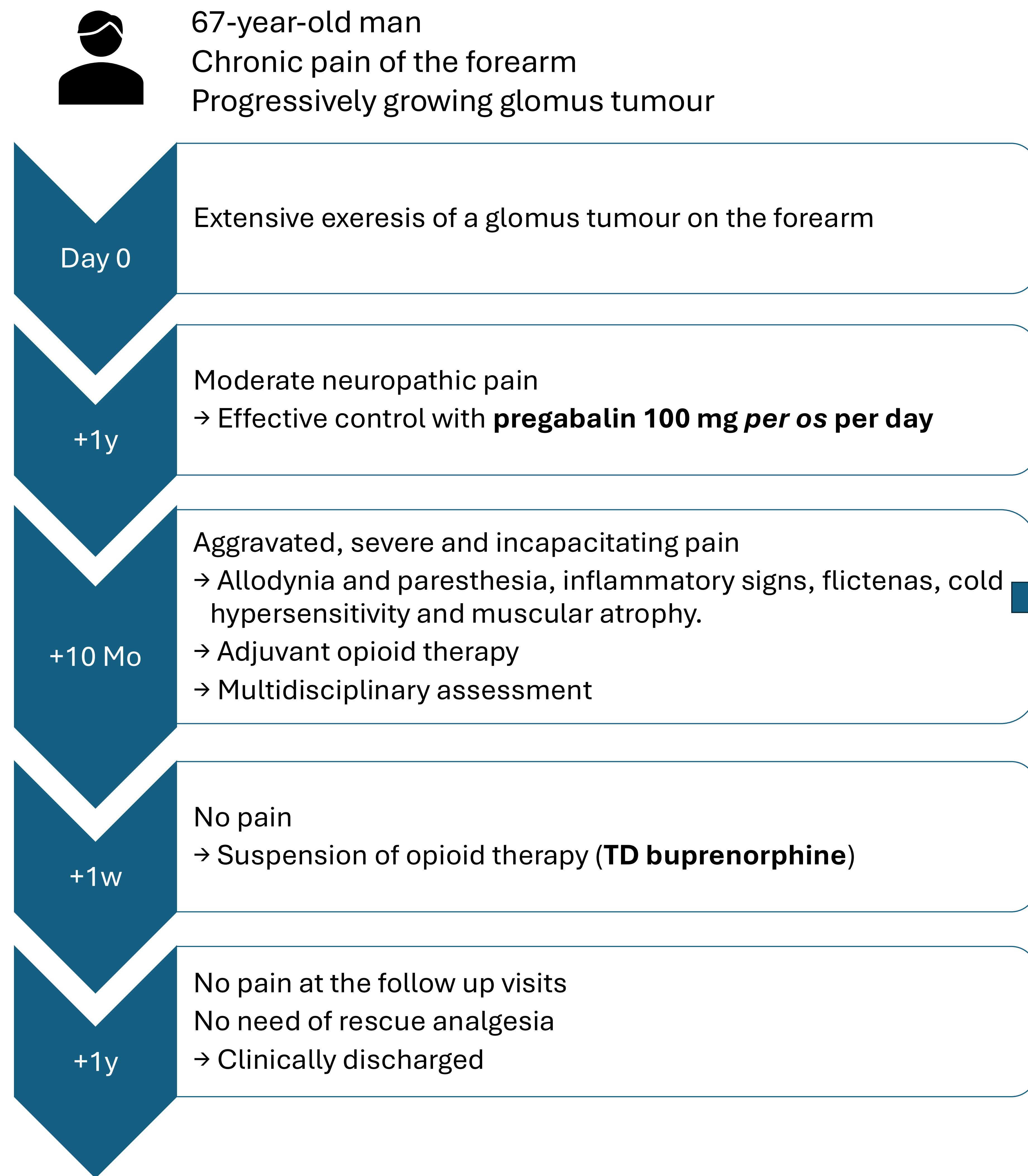




Adjuvant opioid therapy

- Pregabalin 150 mg *per os* per day
- Paracetamol + tramadol (650+75 mg) *po* SOS
- + Tapentadol 50 → 100 mg *po bid*

MRI: regional relapse of the tumor with extension to the cephalic vein and mid arm
Confirmed by biopsy

Multidisciplinary assessment → superior limb amputation

Combined anesthesia (general anesthesia + interscalene brachial plexus block)
Uneventful surgery

Clinically discharged

- Pregabalin 100 mg *po* per day
- Transdermal buprenorphine 20 mcg/h
- Paracetamol + tramadol (650+75 mg) *po* SOS

- Glomus tumours are benign mesenchymal neoplasms of the glomus body, a particular type of arteriovenous anastomosis.
- Significant role in thermoregulation.
- Extremely rare and difficult to diagnose.
- The most frequent locations: the nail beds, digital pulps, palms and soles.
- Classic triad (**pinpoint pain, severe localized pain, and cold hypersensitivity**) is rare in patients with extradigital tumours.

Our patient presented with an advanced extradigital glomus tumour causing severe chronic neuropathic pain.

The surgical amputation of the affected limb provided an immediate resolution of the described pain.

Considering the important risk of developing phantom pain in the amputated limb, a peripheral nerve block complemented the anaesthetic technique and the therapy with pregabalin was maintained in the post-surgical period.

Although the presented case represented a challenge in the management of the presented pain, it was treated with success, without any other episodes of pain and no need for further contacts with the pain medical unit until the present moment.