

The Student Corner

Pain is a common symptom experienced by patients with terminal malignancies. The following case history illustrates some practical points in the management of one specific type of pain.

Case presentation (prepared by Dr. Anne Thorsen)

Mrs Wong age 44 was diagnosed to have cancer of the rectum in 1988, with curative resection done. She was well until March 2001 when she was found to have local recurrence. Palliative surgery followed by radiotherapy was given. A few months later she developed lung metastases and palliative chemotherapy was tried. In November 2001 she started to complain of lower back pain, radiating down left leg. Radiotherapy was performed for metastases to the 5th lumbar vertebra and pelvis.

On admission to palliative care unit in March 2002 she presented with severe lower back pain. The pain was present all the time and made worse by movement. In addition she complained of numbness and a burning sensation over both lower limbs. At times she experienced sudden severe shooting pain down the legs, often precipitated by sitting up or walking. The fear of this pain had made her stay in bed for the last month.

Question 1:

What kind of pain(s) do you think Mrs Wong suffers from?

(See page 24 before continuing).

She had been given NSAID and increasing dose of morphine, but with only slight improvement.

Question 2:

What kind of drugs might be more useful?

(See page 24 before continuing).

Mrs Wong was given amitriptyline 25 mg at night, valproate 200mg TDS and morphine was changed over to methadone over one week. She developed acute urinary retention.

Question 3:

What would be the most common causes of urinary retention in this case?

(See page 24).

Mrs Wong's pain improved to the extent that she could sit up and walk a few steps. But her numbness continued.

Question 4:

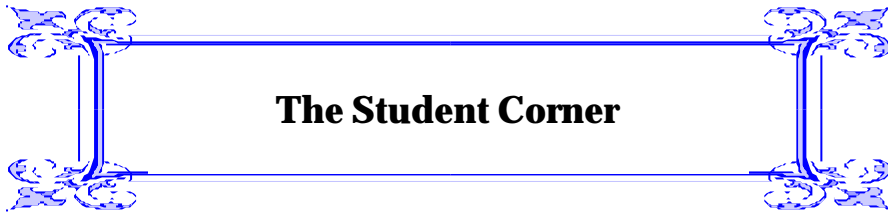
Apart from medication are there any other treatments available?

(See page 24).

Mrs Wong received bilateral lumbar sympathectomy by the department of anaesthesia.

Her methadone dose was reduced from 60mg/day to 20mg/day. She was able to go home to spend the time with her husband and daughter.

She died 2 months later due to the lung metastasis.



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Answers to Case presentation

Question 1:

Mrs Wong suffers from bone pain and neuropathic pain. The history is crucial in the diagnosis of neuropathic pain. Points of importance are the long history of slowly developing pain, numbness, sharp shooting pain and allodynia. On examination there may be increased or decreased sensation and allodynia may be present.

Question 2:

Neuropathic pain is difficult to be completely relieved. First line drugs are anticonvulsants and antidepressants. Steroids are worth trying if the neuropathic pain is due to tumour invasion. Of strong opioids, methadone (a NMDA receptor antagonist) may be superior.

Question 3:

Urinary retention is a quite common side-effect of amitriptyline. Other causes are urinary tract infection and spinal cord compression. In Mrs Wong's case the retention was relieved by lowering the amitriptyline dose.

Question 4:

TENS (transcutaneous electrical nerve stimulation) and acupuncture may be of help. Nerve blocks should also be considered.



When a man is born, he cries and others laugh;
When he dies, he smiles and others cry!