Background and Aims Pain caused by neural compression can be challenging to treat, especially in patients who poorly tolerate opioid analgesic and co-analgesic therapy. We report a patient with inoperable chordoma of the lumbar spine who experienced adequate pain relief with epidural analgesia.

Methods A 61-year-old male patient with local recurrent chordoma of the L2 vertebra presented with pain in the area of the coccyx. He stated severe burning pain that wasn’t significantly relieved with different combinations of oral, intravenous, and transdermal opioids, non-opioid analgesics, and co-analgesic. He poorly tolerated oral co-analgesics and reported intense nausea and epigastric pain after opioid intake. The epidural catheter was inserted with a cranially oriented Touhy needle between the fourth and fifth lumbar vertebra, but it was not possible to place a catheter deeper than 1–2 cm in the epidural space. There was no pain relief on local anesthetic administration. The next day, the catheter was removed and placed again in the same level, but with a caudally oriented Touhy needle. After the first epidural bolus, adequate pain control was achieved.

Results In the next period, epidural boluses of levobupivacaine and morphine were administered 2–3 times a day ensuring satisfactory pain control. Additionally, oral treatment with pregabalin was introduced. The epidural catheter was left in situ for 3 weeks, reducing the pain and allowing pregabalin to reach its full potential in treating neuropathic pain.

Conclusions Epidural analgesia via a downward-directed catheter should be considered in patients in whom standard placement of the catheter is disabled with tumor masses.