Methods A 49-years old female with recurrent lung adenocarcinoma, admitted with severe shooting and burning right groin pain with radiation to the thigh and weakness of quadriceps at motion. She was managing her pain with number of opioids, including oxycodone, morphine, fentanyl, and intramuscular meperidine. The total oral morphine equivalent opioid dose equaled 300-400 mg. For the first month after admission, we successfully palliated pain with spinal dexmedetomidine and simultaneously reduced patient’s opioid addiction. On the second month, bilateral lumbar sympathetic plexus block at L3-L4 with additional caudal-epidural PRF, led to significant reduction in her thigh pain VAS score to 4/10. In addition, improvement in quadriceps functionality and sleep quality, along with remarkable reduce in analgesic opioid doses, earned patient high satisfaction.

Results Intrathecal dexmedetomidine infusion allowed successful pain resolution with average VAS of 3-4/10 for 1 month. Caudal-epidural PRF with sympathetic block sustained painless palliative period at stable VAS of 4-5/10.

Conclusions Spinal dexmedetomidine, caudal-epidural PRF and lumbar sympathetic plexus block can be an innovative therapeutic option in the management of Malignant psoas syndrome, acquired due to lumbosacral plexopathy.

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Abstract #33935 COMPLETE RESOLUTION OF CENTRAL NEUROPATHIC PAIN AFTER LEFT FRONTAL CEREBRAL HEMORRHAGE: A CASE REPORT

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Background and Aims Central neuropathic pain syndrome is a neurological complication associated with central nervous system damage. Although the pathophysiology of central neuropathic pain has yet to be elucidated, dysfunction of spinothalamic-cortical pathway is critical for the development of central neuropathic pain. We present a case of refractory central neuropathic pain resulting from tumor resection of anterior cingulate gyrus that resolved after frontal cerebral hemorrhage.

Methods We assessed this gentleman’s pain by assessing his Visual Analogue Scale (VAS) and reviewing previous management strategies, current medication and impact of the condition on his life. Brain and spine MRI were performed to find the cause of the pain.

Results A 62-year-old man presented with central neuropathic pain in both upper and lower extremities resulting from resection of anterior cingulate gyrus glioma. Pain was 8/10 on the VAS with significant impact on the patient’s psychological well-being. Despite epidural blocks, medications, and cervical/lumbar spinal cord stimulator over a 10-year period, only 30% of the pain was relieved. However, after the surgery for left superior frontal gyrus hemorrhage caused by a slip-down injury, his symptoms were completely resolved.