**BACKGROUND**

Previous studies have suggested that regional anesthesia can reduce the metastasis-promoting effects of surgery by attenuating the immunosuppression. Clonidine is FDA labeled for the treatment of hypertension and cancer pain when used in the epidural space. Interestingly, there is bench top research demonstrating that clonidine can induce proliferation of cancer cells. This case demonstrates potential for clonidine in the epidural space to have long term consequences in cancer patients.

**CASE**

An 8 year old 23kg female presented to the Emergency Department (ED) after 2 days of urinary retention and progressive bilateral lower extremity weakness with decreased sensation. She was postoperative day 11 from a port placement and left open nephrectomy for Stage IV Wilms’ Tumor with pulmonary metastases. Her postoperative analgesic regimen consisted of a T8 epidural infusion with 0.1% Ropivacaine and 2mcg/ml of Clonidine at 7ml/hr for 3 days. Records demonstrated an uneventful hospital course with her pain well controlled.

Her vital signs in the ED were unremarkable. Her MRI images revealed extensive circumferential epidural tumor from T6-T10 resulting in severe canal stenosis and cord compression. The tumor was most likely due to osseous metastasis involving T7-T9 vertebral bodies. The patient was emergently taken to the operating room for a decompressive laminectomy and debulking of epidural mass. After surgery, there was minimal return of spinal cord function. The surgical pathology demonstrated Wilms’ Tumor and she quickly underwent chemotherapy and radiation.

**REFERENCES**