A Novel Approach to Sacral Plexus Nerve Catheter Placement for Intractable Pain from a Pelvic Solid Tumor

Anjali Koka, MD; Amber Borucki, MD; Raja Shaikh, MD; Charles Berde, MD, PhD
Boston Children’s Hospital, Department of Anesthesiology, Perioperative and Pain Medicine

Introduction

Solid tumors are a common cause of pain in pediatric cancer patients. Pain management strategies include tumor-directed therapies, medications, and interventional procedures. Chemotherapy, radiation, and surgical resection are tumor-directed therapies aimed at decreasing tumor burden. Pain medications are commonly administered systemically or topically, and even high doses can have limited efficacy and cause significant side effects. Interventional pain techniques include neural and musculoskeletal blockade and surgical resection. Pelvic and lower extremity sarcomas have become more common diagnoses, particularly among adolescents and young adults. These tumors are often aggressive and require a multidisciplinary approach to diagnosis and treatment. Interventional pain techniques are frequently used as a component of multidisciplinary care to treat refractory pediatric cancer pain. Palliative care teams often work with patients to provide pain relief and improve quality of life.

Case Presentation

FM is a 15-year-old young man with epidural, prostatic metastatic bone sarcoma of the right hip, pelvic, and lower extremity. He underwent chemotherapy, radiation, and surgical resection. Pelvic and lower extremity sarcoma is more common in this age group and is often aggressive. These tumors are often difficult to diagnose and may require a multidisciplinary approach to treatment. Interventional pain techniques are frequently used as a component of multidisciplinary care to treat refractory pediatric cancer pain. Palliative care teams often work with patients to provide pain relief and improve quality of life.

Introduction

Regional anesthesia is increasingly used as a complement to medications to treat refractory pediatric cancer pain. Palliative care teams often work with patients to provide pain relief and improve quality of life. Pain management strategies include tumor-directed therapies, medications, and interventional procedures. Chemotherapy, radiation, and surgical resection are tumor-directed therapies aimed at decreasing tumor burden. Pain medications are commonly administered systemically or topically, and even high doses can have limited efficacy and cause significant side effects. Interventional pain techniques include neural and musculoskeletal blockade and surgical resection. Pelvic and lower extremity sarcomas are more common diagnoses, particularly among adolescents and young adults. These tumors are often aggressive and require a multidisciplinary approach to diagnosis and treatment. Interventional pain techniques are frequently used as a component of multidisciplinary care to treat refractory pediatric cancer pain. Palliative care teams often work with patients to provide pain relief and improve quality of life.

Reference