Marijuana Extract for Post-Operative Pain Control in a Patient with Epidermolysis Bullosa Dystrophica

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INTRODUCTION

• Growing body of evidence to support the use of medical cannabis as an adjunct to or substitute for prescription opiates.(1)

• Cannabinoids have been shown to have analgesic, anti-inflammatory, anti-emetic, and appetite stimulating properties.(2)

• Currently, there is a paucity of data on the use of medical cannabis for pain management in pediatric patients.

CASE PRESENTATION

Case: 11-year-old female (3’10”, 17 kg) with recessive Epidermolysis Bullosa Dystrophica (RDEB) who was scheduled for left syndactyl release.

• Chronic pain history with intolerance to opioids and NSAIDS due to pruritus, nausea, anorexia, severe constipation, and bleeding ulcers.

Over the past year, our patient was weaned off chronic opioids and used medical cannabis and acetaminophen as needed for chronic pain management. The cannabis was taken in the form of oral 50:50 THC:CBD oils and hard candies.

Home Pain Regimen: Alternating Between THC:CBD Oil and Candy Every Six Hours with Tapering by the Fourth Day.

• No additional pain medications were used. Patient reported excellent pain control, improved sleep hygiene, absence of pruritus, and decreased anxiety.

• Adverse effects of cannabis use included limited concentration difficulties.

DISCUSSION

This case demonstrates the successful use of medical marijuana for both chronic and peri-operative pain control in a pediatric patient with Epidermolysis Bullosa Dystrophica.

REFERENCES