



# Pancreatic Cancer Pain Management in a Patient with a History of Substance Abuse

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## Objectives:

People with a history of substance misuse may develop cancer and associated pain syndromes requiring opioid therapy. These patients are at increased risk of receiving inadequate pain management due to a fear of exacerbating the addiction by using opioid medications and the lack of knowledge about treating patients with addiction (1,2). We present our pain treatment strategy in a pancreatic cancer patient with a history of substance abuse.

## Conclusions:

Patients with a drug dependency problem may have a greater than expected need regarding pain relief as they may already have a degree of drug tolerance (3). Splanchnic plexus neurolysis is a technique that can potentially improve pain control and quality of life in pancreatic cancer. For the effective management of pain in patients with a co-occurring addictive disorder, invasive treatment techniques might be preferable early in the course of pain treatment instead of opioid dose escalation.

## Case report:

A 38 years male patient was admitted to emergency service with severe epigastric pain. He had a diagnosis of pancreatic cancer and underwent surgery 3 years ago. He had recurrence one year later while receiving chemotherapy. He was using transdermal fentanyl 100 mcg/hr and morphine subcutaneously given by his primary doctor for pain that has started one month before. He was unable to obtain morphine because of prescription problems for 4 days and experiencing severe pain and abstinence symptoms. On pain consultation, it was learned that he had a history of substance abuse and received treatment. A bilateral neurolytic splanchnic block was performed for pain relief and the patient was integrated to a supportive program with psychiatry clinic. After 3 months, pain control was adequate with transdermal fentanyl 50 mcg/hr and adjuvant drugs.

## References:

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