

OIH MY! A CASE OF OPIOID-INDUCED HYPERALGESIA FROM INTRATHECAL OPIOID DELIVERY IMMEDIATELY AFTER INTRATHECAL PUMP PLACEMENT

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INTRO: Opioid-induced hyperalgesia (OIH) presents with paradoxical hyperalgesia, allodynia, and sometimes myoclonus in patients on opioids, often via the oral or IV route.^{1,2} Although intrathecal OIH is rare, as delivery is targeted and thus requires lower dosages, it has been reported.^{3,4}

CASE DETAILS: A 43-year-old female with metastatic parotid cancer presents with chronic right chest and upper back pain after XRT. An intrathecal pump (ITP) was implanted with the tip terminating at the T7 intrathecal space. Along with an oxycodone PCA and IV methadone, intrathecal hydromorphone 10mg/day and bupivacaine 8mg/day was started. ITP dosing was steadily increased to hydromorphone 23.028mg/day and bupivacaine 15.3mg/day. However, she continued to experience worsening pain, nausea, and episodes of bilateral arm myoclonus and weakness. CT spine revealed anterior intrathecal catheter tip location. ITP was decreased to hydromorphone 2mg/day and bupivacaine 1.3mg/day, and pain improved along with termination of her upper extremity myoclonus and weakness. The decision was made to switch the ITP to morphine 10mg/day and clonidine.

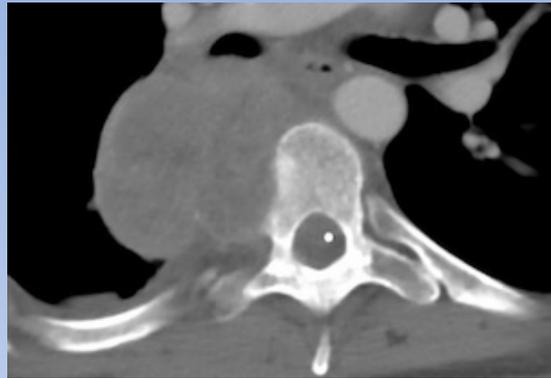


Figure 1: Axial CT of Intrathecal Catheter Tip



Figure 2: Saggital CT of Intrathecal Catheter Tip

RESULTS: These symptoms subsided and pain improved once the new regimen was started, and opioids were weaned. She was discharged home.

DISCUSSION/CONCLUSION: OIH is an important differential diagnosis in a patient with escalating opioid requirements and may occur with intrathecal delivery. Anterior catheter tip may also contribute to worsening pain, and neurologic symptoms including myoclonus and weakness. Opioid de-escalation, and rotation are successful treatment options for suspected OIH.⁵

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