

AUTHORS

Dr. Raghu S Thota, Dr
Shruthi Kamble, Dr. Jayita
Deodhar

Lignocaine patch (5%) for chemotherapy induced peripheral neuropathy

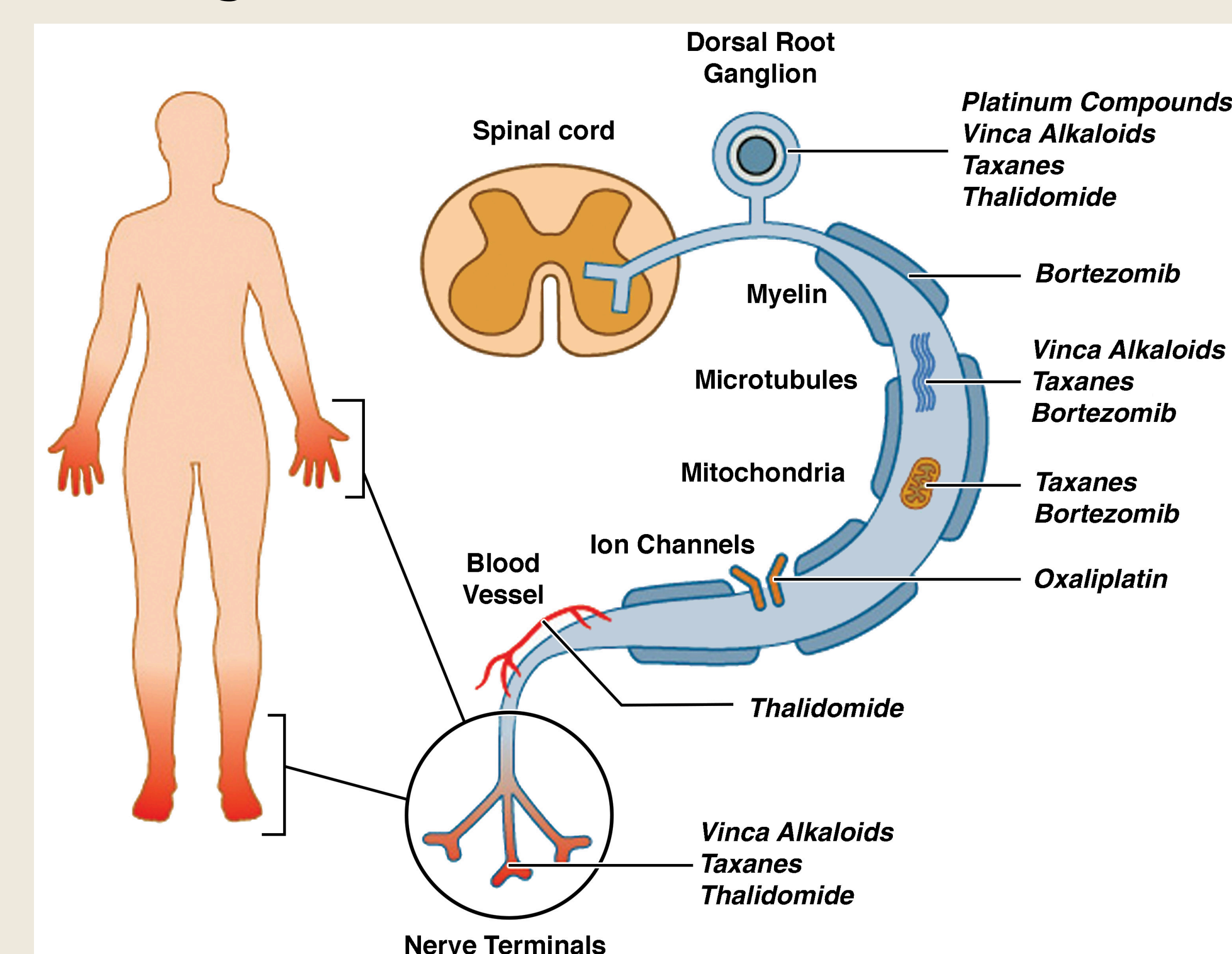


AFFILIATIONS

*Department of Palliative
Medicine, Tata Memorial
Hospital, Tata Memorial Centre,
Homi Bhabha National Institute,
Mumbai, India*

01. INTRODUCTION

Chemotherapy induced peripheral neuropathy (CIPN) is a very common complication of cancer chemotherapy with an incidence of 30-40% of patients¹. The risk is higher with cisplatin, paclitaxel, docetaxel, vincristine, oxaliplatin, and bortezomib². The extent of the neurotoxicity incurred by patients varies depending on the agent and the dose used and may result in treatment discontinuation. There are no studies assessing effectiveness of 5% lidocaine patch in the treatment of chemotherapy-induced peripheral neuropathy. Although mechanisms of damage differ, 5% lidocaine patch has effectively reduced symptoms and improved quality of life in patients with post herpetic neuralgia³.



02. AIM

To evaluate the efficacy of 5% Lignocaine patch for management of CIPN.

03. METHODOLOGY

Here, we describe application of 5% Lidocaine patches to the sole lower extremities in a patient with grade 3 CIPN subsequent to treatment with vincristine for Immediate Risk B cell Acute Lymphoblastic Leukemia. The patient was having severe tingling, numbness along with allodynia to touch (especially to cloth). He was started on tablet morphine immediate release 10mg q4hourly plus 10mg sos q1hrly along with cap. Gabapentin 300mg at night. After three days his gabapentin was increased to 300mgs bd. The patient's allodynia wasn't reduced. Thus it was decided to apply lignocaine 5% for allodynia (fig.1). The treatment continued for two weeks. By the end of two weeks without any change in medications, CIPN symptoms, allodynia was greatly reduced to grade 1, with corresponding improvement in quality of life.

04. RESULTS

5% lidocaine patch application was associated with almost complete resolution of the allodynia, tingling and numbness and pain of CIPN in this patient. Concurrently decreased allodynia improved bearing his weight on the foot and allowing him to walk.



05. CONCLUSION

Lignocaine 5% is a promising modality of treatment for chemotherapy induced peripheral neuropathy, where allodynia is a major presenting symptom.

REFERENCES:

1. Windebank A, Grisold W. Chemotherapy-induced neuropathy. *J Peripher Nerv Syst*. 2008;13:27–46.
2. Cavaletti G, Marmiroli P. Chemotherapy-induced peripheral neurotoxicity. *Nat Rev Neurol*. 2010;6(12):657–666. doi:10.1038/nrneurol.2010.160
3. Mallick-Searle T, Snodgrass B, Brant JM. Postherpetic neuralgia: epidemiology, pathophysiology, and pain management pharmacology. *Journal of multidisciplinary healthcare*. 2016;9:447-454.