NEUROLYTIC EPIDURAL ALCOHOL TECHNIQUE IN THE MANAGEMENT OF INTRACTABLE PAIN IN PELVIC CARCINOMA†

by

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Intractable pain associated with pelvic cancers presents a challenge to the clinician. Pain which was insignificant at the beginning may reach intolerable proportions following the routine cancer treatment. To prevent the patient from achieving a disappointed face to the wall attitude, the clinician will be at his wits' end devising analgesic schedules to alleviate the pain.

The pain in cancer may be due to the slow infiltration of the tissue, nervous in particular. The pain is described as low grade, continuous, and gnawing in type. There may also be an incident type of pain due to either a sudden distension of a hollow viscus, compression or a pathological fracture. It is believed that the pain is not only transmitted through the pain fibres but also through the sympathetic plexus of nerves.

Such complex pain problems are best managed through the multi-disciplinary approach. Our pain clinic is managed through the close co-operative effort of the gynaecologist, radiotherapist, physician, surgeon and anaesthesiologist. Help is also sought from the psychiatrist and neurosurgeon when necessary. In this study 34 patients referred for intractable pain have been studied.

Patients and methods

Thirty-four patients were studied at the pain clinic. Diseasewise distribution of patients is shown in Table I The treatment already taken is shown in Table II. Associated conditions is shown in Table III. All the patients were suffering with intractable pain for 2-4 months.

TABLE I
Diseasewise Distribution of Patients

1.	Carcinoma cervix	15
2.	Carcinoma colon	3
3.	Carcinoma rectum	10
4.	Carcinoma uterus and adnexa	4
5.	Carcinoma bladder	2

TABLE II
Specific Therapy Received

1.	Radiotherapy	18
2.	Surgery	5
3.	Surgery + Radiotherapy	3
4.	Chemotherapy	6

TABLE III
Associated Conditions

1.	Cancer cachexia	5
2.	Local metastases	6
3.	Distance metastases	3
4.	Fistulae	4

Patients were first submitted to an assessment of their general and pain status. Appropriate painful segments were

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charted for selective blocking. Since all the patients in this series were suffering from pain below D 10 level, an epidural block was considered. For the assessment of pain relief, an epidural block with lignoaine was first attempted. Following the block, patients having good relief were submitted to an epidural alcohol block.

In this study absolute ethyl alcohol has been used as the neurolytic agent. After positioning the patient on the operation table and the usual skin preparation 2 ml of 1% xylocaine was injected through a standard epidural technique. This was followed by 2 ml of absolute ethyl alcohol drawn from a sterile ampoule. This solution was followed by one cc. of xylocaine. The epidural needle was removed and the patient slowly turned. Blood pressure was checked immediately and thereafter every 10 mts. for an hour. Marginal hypotension occurred in many cases. This hypotension was managed with routine pressor drugs.

Results

The results are shown in Table IV. Sixteen patients reported good pain relief.

TABLE IV
Relief From Pain

1. Good	16
2. Fair	12
3. Poor	6

Of the 10 patients who had only moderate pain relief, 7 could be managed by concurrent administration of simple analgesic drugs. Three patients required stronger analgesics with sedative supplementation. Six patients who did not respond to the block were treated with combination of tablets of codeine and diazepam. Repeat block was done in 3 of them could give only temporary relief. Complications listed in Table V were fortunately reversible and cleared in 2-3 weeks time.

TABLE V
Complications

1. Parasthesia	3
2. Anaesthesia	6
3. Loss of motor power in the lower limbs	4
4. Incontinence	5

Discussion

A concerted effort seems to be essential in the management of intractable pain in cancer. While simple analgesic drugs relieve pain in early stages of the malignancy, the stronger ones have to be saved for analgesic support in the terminal stages. Ethyl alcohol is well known as a neurolytic agent since almost 70 years. It has also been used extensively in conduction blocks. In the absence of neurosurgical facilities, atleast a nerve block can be attempted. The anaesthetic colleague is always at hand for conduction of the epidural blocks.