

INTRATHECAL MORPHINE FOR UNBEARABLE PAIN OF CARCINOMA CERVIX

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SUMMARY

1.5 mg. morphine sulphate was given intrathecally to 5 patients having intractable pain. Except for development of tolerance it was very effective. All patients slept well and movements of lower limbs were normal.

Introduction

Treatment of pain for the terminal patients of carcinoma always poses great problem. Carcinoma pain is always felt at a constant situation and over a period of time this area increase in size. Patients with terminal stage of carcinoma cervix always feel pain in the hypogastric region. Intrathecal morphine has been tried for the terminal stages of chronic pain. Beazley *et al* (1967), Bapat *et al* (1979) and Kulkarni, and Sathe, (1982) claimed that intrathecal morphine can be useful.

Subject and Method

Five patients having chronic intractable pain due to carcinoma cervix since last 3/4 months were selected. Patients were not kept fasting and the procedure was explained to them. 1.5 mg preservative free morphine sulphate was injected with 22 S.W.G. lumbar puncture needle at L₂-L₃ space after diluting with 2-3 cc of C.S.F. under strict aseptic precautions. Patients were put in the horizontal position and strict bed

rest was advised on the day of injection. Each patient received 3-4 injections over a period of 5-6 days. This procedure was again repeated after 10-15 days.

Observations

1. Age of the patient varied from 60-73 years with a mean of 68 years.
2. Duration of onset action and duration of pain relief have been depicted in Table I.
3. Complications and side effects have been depicted in Table II. In cases of retention of urine, catheterisation was carried out under aseptic conditions.
4. All the patients got comfortable sleep and movements of the lower extremities were normal.

Discussion

Intrathecal morphine have been used by various workers (Vantrafrida *et al.*, 1979; Bapat *et al.*, 1979; Kulkarni, S. S. and Sathe, N. D., 1982) for the relief of chronic pain over days. Intrathecal morphine was repeated when the patient started feeling pain. As is evident from the Table I

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TABLE I
Duration of Onset of Action and Duration of Pain Relief

Session	Time of onset of analgesia in minutes	Duration of analgesia in hours	Degree of pain relief
1.	10-25 (16)	40-52 (45)	100%
2.	20-35 (28)	26-40 (31)	90%
3.	40-55 (48)	15-30 (20)	75%
4.	50-70 (60)	10-20 (17)	50%

TABLE II
Complications and Side Effects

Sr. No.	No. of cases	Remarks
Retention of urine	2	Overlapping is due to one patient
Nausea vomiting	3	getting more than one side effects
Drowsiness	1	
Headache	1	
Backache	1	

onset, duration and intensity of analgesia was progressively reduced after subsequent injections due to development of tolerance. Similar observations were made by Vantrafrida *et al* (1979), Howard *et al* (1981). These workers also reported that the tolerance persisted for 10-15 days. This is the limitation for the continuous relief of pain. However, once the tolerance is over injection can be repeated.

Yaksha *et al* (1979) reported that the intrathecal morphine analgesia can be entirely due to selective spinal action on the substansia gelatinosa of the spinal cord. Vomiting can be attributed due to cephaloid spread of intrathecal morphine as is report-

ed by Anis *et al* (1981). Side effects can also be attributed to systemic absorption of morphine. Retention of urine might be due to blockad of parasympathetic nervous system. This is also supported by Tarda *et al* (1980).

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