

Morfina podawana okołodzeniowo w uporczywych bólach w nowotworach trzustki przy zastosowaniu zestawu infuzyjnego „port-a-cath” z pompą zewnętrzną

Intrathecal morphine delivery for intractable pain in pancreatic cancer via subcutaneous port-a-cath infusion system with external PCA pump

Jan Jacek Rykowski

Department of Anaesthesia and Intensive Care Pain Management Unit, University Hospital, Orebro, Sweden

Abstract: Pain due to unresectable pancreatic cancer is frequently severe and difficult to control by traditional methods of treatment. Different methods of pain relief has been proved with difficult to predict efficacy. In this study the efficacy of intrathecal morphine delivered by subcutaneously implanted intrathecal infusion port-a-cath device with external pump is evaluated. Fourteen patients with diagnosed pancreatic carcinoma and severe, refractory pain received continuous intrathecal morphine infusion over a 12 month period. Morphine mean dose equivalents parenteral (i.v./s.c.) before the start of intrathecal therapy were 104 mg/day, with a range of 60–165 mg/day with unacceptable pain relief or undesirable side effects. Patients were hospitalized for a period of 48 to 72 hours for initial intrathecal trial of test dose of morphine 0.5 to 3.5 mg in incremental doses and evaluation of adequate pain relief and drug related side effects. All patients who received a trial dose of intrathecal morphine experienced satisfactory pain relief after initial dose and were scheduled for continuous intrathecal infusion of morphine through the subcutaneously implanted catheter with port-a-cath infusion system. The mean time from the diagnosis to the beginning of intrathecal therapy was 51 days, with a range between 19 to 98 days. The mean daily therapeutic dose of intrathecal morphine was 28.4 mg, with a range of 12.5 to 50 mg. Patients with visceral type of pain experienced good pain relief rated in the range 3 in VAS. Supplementary use of intrathecal coanalgesics was necessary in four of fourteen patients (29%), mostly in those with mixed, somato-visceral-neuropathic type of pain. The mean duration of intrathecal therapy for pain relief until death was 227 days, with range of 117 to 376 days. None of the patients experienced respiratory depression or excessive sedation that prevented continuation of morphine intrathecal infusion. In this series of fourteen patients with pancreatic cancer pain administration of intrathecal morphine through the subcutaneously implanted port-a-cath infusion system with external pump showed to be a safe method with average good efficacy but with some variations in pain relief depending on pain characteristics.

Key words: Intrathecal analgesia; Morphine; Pain; Pancreatic cancer

