Neoh Sue Wern

Jurong Health Singapore, Palliative medicine, Singapore

*__Corresponding author:__ Sue Wern N, Registrar, Ng Teng Fong General Hospital, 1 Jurong East Street 21, Singapore 609606, Singapore; Tel: +65-67162000; E-mail: sue_wern_neoh@juronghealth.com.sg

Received date: May 27, 2016**; Accepted date:** June 11, 2016**; Published date:** June 14, 2016

Abstract

Cancer pain

on lignocaine 5% patch applied over right infraclavicular, arm and scapular region, from 10 pm till 10 am daily. At the same time, pain team consultation was made for intercostal nerve block.

In view of the distribution of the pain, MRI thoracic spine/right hemi-thorax/right brachial plexus was carried out to assess the extent of disease at the area of interest, which showed:

1. Significant interval enlargement of the known pleural based soft tissue mass at the right upper lobe, causes erosion of the right 1st to 4th ribs. It also abuts the right pectoralis muscle.
2. The mass involves the right brachial plexus in the costo-clavicular space.

Traditional interventions such as an intercostal nerve block were not offered given multiple ribs and wide area of involvement and Mr S was not keen on intrathecal analgesia.

Despite a good response to escalating doses of fentanyl initially Mr S's pain evolved and was no longer responding to breakthrough doses of fentanyl.

≈ 10 mg/day =2.5 mg/6 h

T e dose of methadone was increased to 12.5 mg/day subsequently. Optimal pain control was eventually achieved and Mr S was discharged home with home hospice service. A medical oncology outpatient review was also scheduled for discussion about palliative chemotherapy.