

Increasing back and radicular pain 2 years following intrathecal pump implantation with review of arachnoiditis.

Kochany JZ¹, Tran ND, Sarria JE.

Author information

Department of Neurology-Pain Medicine, University of South Florida Morsani College of Medicine, Tampa, Florida, USA; Interventional Pain Medicine, James A. Haley V.A. Hospital, Tampa, Florida, USA.

Abstract

BACKGROUND: Implanted intrathecal drug delivery pumps are now regularly used for the treatment of chronic benign and cancer-related pain that is refractory to conservative treatment methods. In most cases, the pumps are successful at reducing the intensity of pain and improving function and quality of life for pain patients. Limited studies have discussed the complications associated with intrathecal pump placement.

SETTING: Academic tertiary care center.

SUMMARY: We describe an unusual case of a patient who presented with progressive weakness and worsening lumbar and lower extremity pain following implantation of an intrathecal drug delivery system (IDDS). Work-up for the patient's symptoms includes a magnetic resonance imaging, which revealed lumbar arachnoiditis. Patient underwent a laminectomy and detethering of spinal cord and nerve roots below level of catheter insertion. There was transient improvement in her pain and weakness. Subsequent surgery for pump explantation revealed a retained Touhy introducer needle from her pump placement procedure.

CONCLUSION: The entire IDDS was removed including the retained Touhy introducer needle. The patient later went on to receive a successful spinal cord stimulator trial and implantation with moderate relief of her chronic pain.

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KEYWORDS: Arachnoiditis; Chronic Pain; Foreign Body; Intrathecal Pump; Intrathecal Pump Complication; Low Back Pain; Lower Extremity Weakness; Radiculopathy

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PMID: 23889758 DOI: <u>10.1111/pme.12188</u>	

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