475850 - SEIZURE IN A CANCER PATIENT ON METHADONE

Jafer Ali, MD, Don Woods, MD

Anesthesiology/Pain Medicine, University Hospitals of Cleveland/Case Medical Center, Cleveland, OH, USA

Purpose: Methadone is a long acting opioid that is often used effectively to treat cancer pain. Like all opioids, it has risks and side effects. This is a case report of a patient with metastatic rectal cancer who was on large doses of methadone and had a seizure.

Clinical Features: A middle-aged woman with stage IV metastatic rectal cancer (diaphragm, liver, lungs) was admitted directly to the hospital from her oncologist's office secondary to uncontrolled pain. The patient was not a candidate for any additional surgery nor radiation/chemotherapy. Her home regimen of methadone 60 mg po tid and methadone 30 mg po q 3hours prn was ineffective in controlling her pain. Over a 3 day hospitalization, the primary service increased her methadone to 90 mg po tid and methadone 90 mg po q 2 hours prn. She was usually maximizing her prn methadone, yielding a daily po methadone intake close to 1300 mg per day. On hospital day #4 the patient was discharged to home on this regimen. The following day she lost consciousness for several minutes and appeared to have a seizure. She went to her local ER where a seizure secondary to methadone was suspected. The patient saw her oncologist 2 days later and was seen in the pain clinic the same day. She was placed on the fentanyl patch 100 mcg/hr, oxycodone 10 mg qid, and ibuprofen 800 mg q 6 hours prn. The methadone was reduced to 60 mg po bid. During a phone follow-up one week later the patient reported her pain was well controlled on this regimen and denied any additional seizures. Future placement of a tunneled epidural catheter was discussed, but deferred secondary to adequate pain relief. The patient died 6 weeks after her initial pain clinic visit. The patient did consent to this being submitted as a case report.

Conclusion: Seizure is a known side effect of methadone therapy. This case report describes a seizure that occurred in a cancer patient that was on large dose methadone therapy that had been rapidly increased. It also demonstrates the benefits of opioid rotation and multimodal therapy for patients with cancer pain.

References: Morgan, Edward and Maged Mikhail. Clinical Anesthesiology. New York: McGraw-Hill, 2006