

Letters to the Editor



Ganglion Impar Block for Sympathetically Mediated Pain in a Patient with a Rectourethral Fistula

TO THE EDITOR:

A 34-year-old man presented to our pain clinic with a rectourethral fistula following urethroplasty for post-traumatic stricture urethra. Following urethroplasty, the patient's urinary obstruction was not relieved, so he underwent suprapubic cystostomy. During the passage of urine through the suprapubic cystostomy catheter, a small amount of urine leaked out through the urethra and anal opening, which was painful and presented as dysuria and rectal pain. The patient reported this pain on the visual analog scale (VAS) to be between 80 – 100 mm; his daily morphine requirement was 90 mg sustained release along with 150 mg of pregabalin.

The possibility of sympathetically mediated pain was suspected and a ganglion impar block was performed with a local anesthetic under fluoroscopy guidance. Following the ganglion impar block, the VAS score fell to 50 – 60 mm; the patient's daily morphine requirement fell to 60 mg sustained release. The ganglion impar block was repeated after one week. This time the VAS score fell to 30 – 40mm and the patient achieved adequate pain relief with an acetaminophen (375 mg) and tramadol (37.5mg) combination every 6 – 8 hours.

The ganglion impar supplies nociceptive and sympathetic fibers to the perineum, distal rectum, perianal region, distal urethra, vulva/scrotum, and the distal third of the vagina (1,2). Ganglion impar block was originally described in the treatment of sympathetically mediated cancer pain involving the perineum (3). However, the literature describes the use of the block

to treat visceral and sympathetic pelvic and perineal pain of many pathologies, both malignant and benign in origin (4). The present patient presented with a rare set of features in which ganglion impar block provided significant pain relief.

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REFERENCES

1. Reig E, Abejón D, del Pozo C, Insausti J, Contreras R. Thermocoagulation of the ganglion impar or Ganglion of Walther: Description of a modified approach. Preliminary results in chronic, nononcological pain. *Pain Pract* 2005; 5:103-110.
2. Green IC, Cohen SL, Finkenzeller D, Christo PJ. Interventional therapies for controlling pelvic pain: What is the evidence? *Curr Pain Headache Rep* 2010; 14:22-32.
3. Plancarte R, Amescua C, Patt RB, Alderete JA. Presacral blockade of the Ganglion of Walther (Ganglion impar). *Anesthesiology* 1990; 73:A751.
4. Warren JTS, Hill V, Rajasekaran A. Ganglion impar blockade: A review. *Curr Pain Headache Rep* 2012; 17:306-311.