Unique Approach to Refractory Nausea With Ketamine Infusion

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Background

Functional refractory nausea is defined as nausea that persists for more than 4 weeks. Nausea can result from complex interactions between afferent and efferent pathways of the central nervous system and gastrointestinal tract. Management of refractory nausea, especially if it is associated with migraines, can be difficult to treat as conventional therapies such antiemetic and prokinetics are ineffective. We present a case of functional refractory nausea that was incidentally treated successfully with ketamine infusion.

Case presentation

A 37-year-old male with a history of pancreatic insufficiency, migraines, and chronic refractory nausea since 2016 with recurrent ED visits presented this time with headache and nausea for 7 days. He had tried multiple prophylactic medications at home including triptans and muscle relaxers without relief. For his nausea he tried ondansetron but it only provided temporary relief for 15-20 minutes. In the ED, the patient received prochlorperazine, diphenhydramine, and ketorolac for his headache and nausea. He continued to complain of his symptoms and was subsequentially given 20.4 milligram of ketamine infusion over 1 hour with resolution of his headache as expected. Surprisingly, the patient's nausea concomitantly resolved with the ketamine infusion. After discharge, he was followed in GI clinic after one week and 3 months where he stated he was completely free of nausea without the use of his prophylactic medications.

Conclusion

The mortality rate was found to be higher in patients who had Hilar Cholangiocarcinoma undergoing PTBD or ERCP in comparison with patients without cancer who had the same procedures. Moreover, ERCP was superior to PTBD in patients with cholangiocarcinoma regarding Mortality.

All authors of this case have no conflicts of interest. References available upon request.