

Endoscopic Ultrasound-Guided Superior Hypogastric Plexus Neurolysis: An Update on a Unique Technique for the Management of Pelvic Pain

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INTRODUCTION

- Superior hypogastric plexus neurolysis (SHPN) is a well-recognized treatment for pelvic pain resulting from cancer of sigmoid colon, rectum, prostate, bladder, cervix, and uterus
- The conventional approach used by pain experts is difficult and requires CT guidance
- The purpose of this study was to test the hypothesis that endoscopic ultrasound (EUS)-guided SHPN is technically feasible

METHODS

- Patients with severe pelvic pain due to cancer were eligible for the study. Consecutive patients with pelvic pain secondary to cancer were offered to participate in the study
- Pain was graded before and after the procedure and weekly thereafter, by using a visual analog scale graded from 1 to 10
- A linear scope was introduced into the rectum and advanced until iliac vessels were identified

#	DIAGNOSIS	PRE-VAS	POST-VAS	DURATION OF RELIEF (WEEKS)
1	Rectal Cancer	10	3	6
2	Rectal Cancer	9	2	14
3	Rectal Cancer	8	3	12
4	Prostate Cancer	9	4	6
5	Rectal Cancer	10	2	12
6	Cervix Cancer	9	3	16
7	Sigmoid Cancer	9	5	8
8	Uterine Cancer	8	3	10
9	Rectal Cancer	9	4	24
10	Rectal Cancer	10	2	18
11	Anal Cancer	10	3	16

Table 1. Patient's Clinical profile and Pre-Visual analogue scale and Post-Visual analogue scale scores

METHODS

- In 10 patients, the sacral promontory was identified with fluoroscopy
- A 22-gauge needle was passed in the space posterior to the rectum and 10 mL of bupivacaine injected, followed by 10 mL absolute alcohol
- In one patient, internal iliac vessels were identified by using EUS and the injections were given anterior to the periosteum; fluoroscopy was not used

RESULTS

- SHPN was performed in 11 patients with pelvic pain due to cancer
- The mean pain score was 9 before the procedure and 3 after (Table 1)
- No complications were encountered. The mean procedure time was 20 minutes

DISCUSSION

- Our study reveals that EUS-guided SHPN is technically feasible
- The iliac vessels are well seen by this approach, thus making hemorrhage an unlikely complication