PDF hosted at the Radboud Repository of the Radboud University Nijmegen

The following full text is a publisher's version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/81671

Please be advised that this information was generated on 2020-02-15 and may be subject to change.
CASE REPORT

RETRACTION OF AN INTRATHECAL BACLOFEN INFUSION CATHETER FOLLOWING SUPRAPUBIC CYSTOTOMY: A CASE REPORT

Frank M. J. Martens, MD1, Diederik M. Somford, MD1, Dirk H. J. M. van Kuppevelt, MD2, Monica J. M. van der Burg, MANP2 and John P. F. A. Heesakkers, MD, PhD1

From the 1Radboud University Nijmegen Medical Centre and 2St. Maartenskliniek Nijmegen, Nijmegen, The Netherlands

Introduction: Intrathecal baclofen, administered via a Baclofen pump, is used for patients with spasticity. We report here a case of intrathecal catheter retraction following surgery.

Case report: A male patient with adrenoleukodystrophy and a baclofen pump implant was admitted to the urology department with bladder stones. A transurethral cystolithotripsy and a suprapubic cystotomy were performed. Following surgery there was no adequate spasm control. Plain abdominal X-ray showed complete retraction of the catheter out of the intrathecal space.

Discussion: Intrathecal catheter retraction after surgery has been reported in a few cases. The retraction in this case did not seem to be due to the suprapubic cystotomy itself, but was more likely due to the positioning of the patient for cystoscopy and surgery, combined with possible loosening of the anchoring of the catheter.

Conclusion: Specific attention should be paid to the positioning of patients before surgery in order to avoid intrathecal baclofen catheter withdrawal.

Key words: baclofen, intrathecal catheter, urinary bladder calculi, cystolithotripsy, operative surgical procedures.

INTRODUCTION

Intrathecal baclofen can be used to treat disabling muscle spasms in neurogenic patients when oral spasmolytic agents are insufficient. Incomplete bladder emptying due to detrusor-external sphincter dyssynergy or a hypo-contractile bladder may require an indwelling catheter. However, this predisposes to bladder stones. For example, the 5-year cumulative incidence rate of an initial bladder stone from 1990 to 1996 in patients with spinal cord injury was reported to be 8% (1). We report here a patient with retraction of the intrathecal catheter of his baclofen device, probably caused by positioning of the patient for bladder stone surgery combined with loosening of the catheter anchoring.

DISCUSSION

Retraction of the intrathecal catheter for baclofen infusion is known to occur (2, 3). An online published case report presented a patient with vesical calculi, which were initially thought to elicit increased spasticity (3). However, the spasms did not decrease after stone removal. A new X-ray and revision of the preoperative X-ray showed a retracted and coiled catheter at level L4. Two cases of dislocation of the catheter after surgery have been reported to the manufacturer; one after hysterectomy and another after laparoscopic cholecystectomy.

The mechanism of retraction of an intrathecal catheter during surgery remains unknown. In our case, the intrathecal part of
The system was retracted and curled at L2. Therefore, no direct traction to the abdominal part of the catheter device seems to have been involved. The normal body movements of the patient in his wheelchair may have predisposed to the retraction from the intrathecal space due to rubbing on bony structures. It is possible that the positioning of the anaesthetized patient during the cystoscopy and suprapubic cystotomy was causative. In particular, a reduction in lordosis of the spine might evoke catheter retraction. The patient has recently been operated on to reposition the intrathecal catheter. It was thought that the dislocation of the catheter was caused by loosening of the anchoring. A combination of positioning for surgery and anchoring weakness is also a possibility.

In order to prevent retraction of an intrathecal catheter, positioning of the patient for surgery should be carried out with care and unnecessary movements should be avoided. Avoiding a reduction in lordosis of the lumbar spine might help to prevent such a retraction. Physicians who observe increasing spasms after surgery in patients receiving intrathecal spasmolytic infusion should be aware of this possible complication.

REFERENCES