

# A Case of Postherpetic Neuralgia Treated with Tunneling Epidural

To,  
The Editor, IJA  
Madam,

This patient aged 60 years presented to our pain clinic with diagnosed Herpes Zoster lesions with acute burning pain over right thigh, buttock radiating to right knee associated with frequent spasms (every 2-3 hrly for 15 mins), needing another person to hold his leg for comfort.

Patient was advised to continue T.acyclovir 800mg five times a day and on the third day, an epidural catheter was introduced at L2 –L3 space and subcutaneous tunneling done with another epidural needle and catheter threaded and fixed anteriorly on the abdominal wall with 3 intermittent stitches for the catheter.<sup>1</sup>

Analgesia was given by fentanyl 20 mcg with 10 ml of 0.125 % bupivacaine, patient had relief of pain with no spasms.<sup>2,3</sup> This was repeated for 2 doses 4<sup>th</sup> hourly and then plain bupivacaine 0.125 % was used 4<sup>th</sup> hourly for the next 12 days, during this period he was free from spasm and pain, with no hypotension.<sup>4</sup> He was made to move around with assistance from the 3<sup>rd</sup> day, after 12<sup>th</sup> day a trial was given without the medication and he was free from any symptoms, so the catheter was removed on 14<sup>th</sup> day. He was discharged with T.amytryptilline 25 mg BD, T.Alprazolam 0.25 mg HS, and Cap.Multivitamin+ Lactobacilli 1 OD.

Though tunneling was practiced very frequently, now a day we hardly see it being done for the treatment of pain. It is cost effective and acceptable to the patient in acute and chronic pain where implantable

pumps are not available and repeated injections can be avoided.

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