

## USING LOW-DOSES OF GABAPENTIN TO TREAT RECTAL TENESMUS IN ADVANCED CANCER PATIENTS

**F.Fusco**, M.Donelli, S. Silvestro

Palliative Home Care Program , AUSL 3 Genova, NHS, Italy

Rectal tenesmus is a complex, painful and ineffectual symptom in advanced cancer patient and may be difficult to treat pharmacologically. Current treatment methods for palliative treatment include pharmacotherapy, radiotherapy or anaesthetic procedures but few references are available. We report two patients with rectal tenesmus and advanced cancer who failed to respond to different opioids and adjuvants and obtained pain relief after the administration of gabapentin .

*Case 1* : CC was a 66-year old woman with rectal carcinoma. She had had a colostomy fashioned one year previously. She described aching rectal and perineal pain ( NRS 9/10), tenesmus. Trials of NSAIDs, corticosteroids, amitriptyline failed to provide adequate analgesia. Increasing her opioids ( Fentanyl TTS 25 to 50 microgr./hr) did not help. Gabapentin 300 mg bid was started. She rated his pain as 2 to 3 out of 10 on the NRS five days after . Gabapentin doses were increased to 300 mg every 8 hours, but this resulted in mild sedation and dizziness. The dose of gabapentin was then reduced to 400 mg qd. She reported satisfactory pain relief without significant adverse effects until her death three months later.

*Case 2*: GM , a 62-year old woman with a large ovarian cancer was admitted for rectal cancer pain ( NRS 10/10), discharge and tenesmus. She felt the need to defecate 10-15 times a day, principally at night . Gabapentin 400 mg b.i.d was started . After one week she had a dramatic response ( NRS 2/10) and her toilet frequency reduced to two-three times a day. She continued gabapentin for four weeks until she was unable to take oral medication and died two days later.