Palliative Medicine Grand Round

Malignant Intestinal Obstruction

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ABSTRACT

Intestinal obstruction is not uncommon in patients with terminal cancer. Patients suffer from various physical and psychological distress associated with it. We presented a case of intestinal obstruction and outlined the various treatment options. Many of the treatments have limited efficacy. Multidisciplinary team approach is needed to facilitate care of patients suffering from such complex symptomatology.

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Case History

Madam C, 45 years old, suffered from metastatic cancer of ovaries. She underwent de-bulking surgery followed by 10 cycles of chemotherapy. However, the disease progressed despite treatment. She developed malignant ascites requiring repeated peritoneocentesis. She was admitted for repeated vomiting, abdominal distention and colicky abdominal pain. Abdominal X-rays showed small bowel obstruction at multiple sites with fluid levels. Trials of dexamethasone and hyoscine butylbromide were not successful. Surgical treatment was not possible. She was then transferred to our palliative care unit.

She was married for 5 years, and she gave birth to her only baby 3 years ago before her disease onset. She was living with her husband. As a result of intestinal obstruction, she could not take care of her son. She was upset for the separation from her son. She complained of colicky abdominal pain and vomiting which disturbed her sleep. Her husband was well aware of the patient’s terminal disease, but felt sad and uneasy to share his feelings with the patient because he used to be an introverted person.

Continuous subcutaneous infusion of octreotide was given for intestinal obstruction. Haloperidol was given for nausea and vomiting. Morphine was given for abdominal pain. However, despite 2 weeks of medical treatment, there was no resolution of intestinal obstruction. Vomiting was partially relieved by haloperidol.

Our nurses and our clinical psychologist offered psychological support to her. Family gatherings were arranged in ward, together with her husband and son. Photos and video were taken to record the messages that she would like to pass to her family. Her condition went downhill gradually and she passed away after one month of hospitalization.

Discussion

Intestinal obstruction is not uncommon in terminal cancer. Up to 40% of terminal ovarian cancer patients developed intestinal obstruction. It is a symptom that poses great challenge to physicians.

Patients suffer various physical and psychological distress resulted from intestinal obstruction. They lost the very basic enjoyment of life, eating. Good taste of food and the feeling of a full stomach are lost. There are common associated physical discomforts including colicky pain, nausea, vomiting and weakness. It can result in frustration and fear. Long duration of symptoms together with unpredictability of symptoms makes prolonged hospitalization common and home leave difficult.

Various medical treatments are used for palliation of intestinal obstruction. For continuous pain, analgesics shall be used according to WHO guidelines. Strong opioids shall be used for severe pain. For spasmodic abdominal pain, anticholinergics like hyoscine butylbromide can be tried. Antiemetics, like haloperidol, working in the chemoreceptor triggering zone, can be tried. Besides, anticholinergics and somatostatin analogue can be used to reduce gastrointestinal resolution of intestinal obstruction. According to Cochrane review, there was a trend favoring the use of corticosteroid compared to control.
The side effects were minimal, though there was no effect on survival. The number needed to treat was estimated to be 6 according to the three trials that were reviewed. Selective 5-hydroxytryptamine receptor antagonists, such as granisetron 3 mg iv q24h, has also been demonstrated to be useful.

Surgical treatment is beneficial in a small number of patients. In a retrospective analysis of data on 68 operations performed on 64 patients, the mean time from original diagnosis of ovarian cancer to obstruction was 2.8 years. Surgical correction (intestinal surgery performed for relief of obstruction) was attained in 57 of 68 (84%) cases. Successful palliation (the ability to tolerate a regular or low-residue diet at least 60 days postoperatively) was achieved in 71% of cases where surgical correction was possible. Perioperative mortality rate was 6%. The median survival of the entire cohort was 8 months. However, results from literatures were heterogeneous. Cochrane review in 2000 by Feuer and Broadley showed no definite conclusion on effectiveness of surgery for intestinal obstruction.

In our case, surgical treatment was considered to be impossible after assessment by surgical colleagues. Medical treatments failed to resolve the obstruction. However, this did not mean palliative care was a failure in this case as the holistic multidisciplinary team approach is of paramount importance in dealing with the complex physical and psychosocial needs.

**References**


**Diarrhea in Acute Radiation Proctitis**

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**ABSTRACT**

A case of acute radiation-induced proctitis treated with prednisolone enemas in palliative care was reported. A 51-year-old man, with history of advanced carcinoma of lung and bone secondaries, was admitted to palliative medical unit for in-patient radiotherapy to lumbar spine. During his stay, he developed profuse diarrhea due to radiation-induced proctitis. He was treated with prednisolone enema treatment with good response. DISCUSSION: Acute radiation-induced proctitis is a common adverse effect of radiotherapy to the lower spine and pelvic area. The risk factors, diagnosis and the use of Amifostine and Sulfasalazine for prevention of radiation proctitis are reviewed. Topical steroid and Butyrate enema have been found to be useful in small randomized trials. Potential useful medications included topical steroid, topical Butyrate and Sulfasalazine, but large controlled studies are warranted.

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**Case history**

Mr. Lam was a 51-year-old gentleman. The diagnosis of advanced carcinoma of lung with bony metastasis was made in 2005 and he was given genfitinib for palliative treatment. He had...