Case Report

Bilateral Gluteal Pyomyositis and Multiple Sinus Tracts after Pentazocine Injection

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Abstract

Pentazocine has been one of the commonly abused injectable prescription opioids associated with dermatological complications. We present the case of a 43-year-old male who presented to us with bilateral gluteal pyomyositis and multiple sinus tracts as a consequence of pentazocine abuse. The patient had been given injectable pentazocine for relief of his migrainous headache by his local physician. He started to gradually take it in increased doses and became dependent. He developed seizures on increased use, but did not desist from taking injectable pentazocine. He shifted to intramuscular route when intravenous access became difficult, and started to inject in the buttocks and deltoid. Over time, he developed deep ulcers and sinuses, and had purulent discharge. MRI revealed extensive bilateral gluteal pyomyositis with cellulitis and abscess with multiple sinus tracts. His condition was managed conservatively with antibiotics and improvement was seen. This case highlights that in atypical cases, deep extensive sinuses affecting the muscle can develop due to pentazocine abuse, and a high index of suspicion is required (German J Psychiatry 2013; 16(4): 156-157).

Keywords: Pentazocine, gluteal, pyomyositis, sinus tracts

Introduction

Injecting drug use (IDU) is a significant health hazard present all across the world. Pentazocine is an injectable prescription opioid that is widely used for pain relief. The drug is a kappa opioid receptor agonist and has been abused (Goldstein, 1985). The injection of pentazocine has been reported to cause various skin manifestations characteristically including deep punched out ulcers in the accessible sites, which is probably due to the chronic inflammation initiated by the drug in the subcutaneous tissue (Schlicher, 1971). We present a case of a patient presenting with extensive subcutaneous and muscular inflammation in the gluteal region consequent to injection of pentazocine.

Case Report

Mr. B., a 43-year-old male shopkeeper belonging to a Hindu nuclear family of a rural background was referred to us from the surgical specialties unit due to the use of injectable pentazocine. The patient had been having migrainous headache since many years and had shown to many practitioners without much relief of his symptoms. About 8 years back, he had shown to a local practitioner and was given injection pentazocine in combination of promethazine, with which he found significant relief. He therefrom took the combination of pentazocine and promethazine for relief of his migrainous headache. He gradually became a regular user and would take pentazocine even he did not have pain. He would use increasing doses of the medication, have withdrawal symptoms if he did not take pentazocine, and would have intense desire to take it.
He tried many a times to stop his habit, but was unsuccessful in curtailing the use. He had two episodes of seizures when he took a larger than usual dose of pentazocine. However, he continued to use pentazocine nonetheless, even despite requests of the family members to stop the use.

The patient gradually started to develop thrombosis in the sites of injection and hence shifted to intramuscular route when he could not find an intravenous access. He would inject in his buttocks, deltoid, forearm etc. In his buttocks, he had developed deep non-healing indurated ulcers and deep sinuses with foul smelling purulent discharge, which was associated with pain and tenderness. Hence, he sought treatment at the surgical outpatient unit, from where he was referred to the de-addiction services for management of his injection use.

The patient was admitted and assessed in detail. An MRI of the pelvis was done, which revealed pyomyositis with cellulitis and abscess formation in bilateral gluteal region with multiple extensive sinus tracts (as in Figure 1). The patient was detoxified from opioids. Pus microscopy and culture were sent and antibiotics were started empirically. The pus culture showed mixed growth of gram positive and negative bacteria. The patient was retrovirus negative. Gradually, the purulent discharge decreased and the ulcers started to heal. Naltrexone was started as a pharmacoprophylactic agent and the patient was discharged. His migrainous headache was managed with flunarizine and analgesics. The purulent discharge stopped completely, the ulcer showed good healing and the pain in the buttocks subsided. The patient was followed up and he continued to remain abstinent for about a year.

Discussion

Pentazocine is known to cause a variety of cutaneous complications. Deep, punched out ulcers, fibromyositis, fibrous plaques and sinuses as a result of pentazocine injection are described in the literature (Agarwal & Trivedi, 2007; Kanwet al., 2007; Silva et al., 2003). Reports of soft tissue involvement with pentazocine use are rare (Mudricket al., 2011). This case elaborates that in atypical cases pentazocine injection abuse can present extensive soft tissue inflammation in the form of pyomyositis, with minimal overt cutaneous ulcers. The patient had shifted the route of injection from intravenous access in the initial period to repeated injection in the muscle bulk in the gluteal area. Such ‘blind dating’, i.e. injecting in a circumscribed muscle bulk in desperation when venous access dries up has been described in the literature (Bhateja et al., 2006).

At times, the recognition of pentazocine use from the clinical presentation is difficult, as the patients often conceal the use of intravenous drugs. Such patients may present in a busy surgical or emergency setting for symptomatic management of the ulcers. They may also present as a diagnostic quandary in a dermatological service. Often, a high degree of clinical suspicion is required to ascertain and establish injectable pentazocine as the culprit for the ulcers in these cases (Prasad et al., 2005). Rapport building with such patients can help elicit the cause of the ulcer and to build a therapeutic alliance to wean the patient away from injectable drug use and maintain abstinence.

References


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