Retrobulbar alcohol injection for phantom eye pain syndrome in bilateral eviscerated orbit

Sir,

Chronic painful blind eye is a challenging case for ophthalmologists to manage.[1] Although evisceration or enucleation is performed for this condition, stump pain can recur after surgery as the ciliary nerves remain intact in the socket.[2] We report a case of a 42-year-old man, with bilateral orbital phantom pain not subsiding to oral medications such as nonsteroidal anti-inflammatory drugs, antidepressants, and gabapentin.

Through inferolateral junction of the left orbital margin, 2 mL of 2% lignocaine was injected [Figure 1] with the needle tip directed upward and inward toward the orbital apex. Following injection syringe was detached, leaving the needle *in situ* [Figure 2]. After 5 min, when the patient reported pain relief, syringe containing 2 mL of 99.9% absolute alcohol (Hayman Ltd.) was attached and it was injected slowly. The needle was withdrawn and digital pressure was applied over closed lids. After 2 weeks, retrobulbar alcohol injection was administered in the right orbit. The patient was relieved from bilateral orbital pain and has been pain free for 1 year to date.

There is no evidence-based knowledge for the management of phantom eye pain using a neurolytic agent. Since only a loose pocket of sclera exists, a higher degree of the skill is required to inject such orbits. Orbits are more shallow and the dural sleeve may lie closer to the needle tip. There is risk of central nervous system complications. Retrobulbar block first with smaller volume of local anesthetic solution is performed, and only when the pain is completely abolished, alcohol is injected.[3] Primary injection of local anesthetic solution reduces the burning pain associated with alcohol injection.[3]

Although retrobulbar injection has become obsolete nowadays in clinical practice, it has a role in the treatment of phantom pain syndrome following evisceration.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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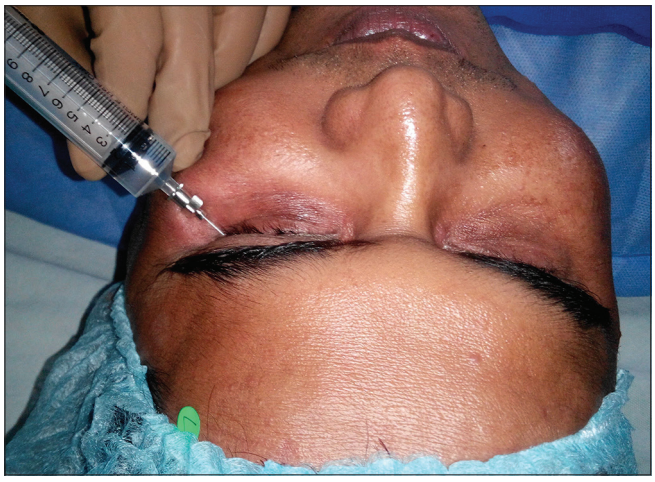

Figure 1: Retrobulbar injection of 2% lignocaine in the inferolateral quadrant of the left eviscerated orbit

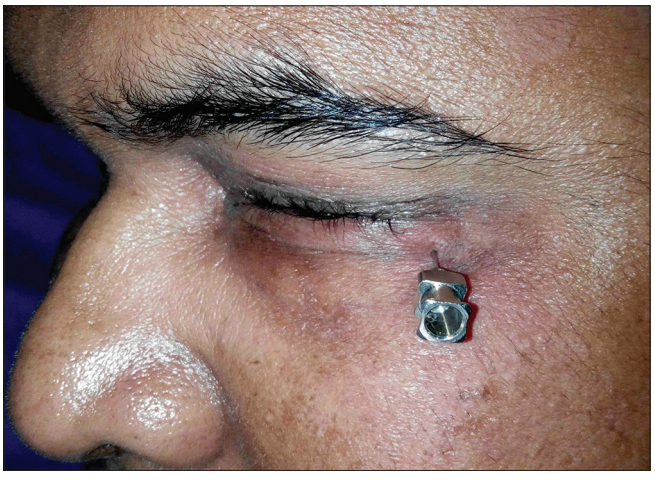

Figure 2: Needle left in situ after test injection of the local anesthetic agent

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