CEOG Clinical and Experimental Obstetrics & Gynecology

Case Reports

Chronic unremitting lower abdominal pain quickly abrogated following treatment with amphetamine

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Summary

Purpose: To describe a cause and treatment for chronic unremitting lower abdominal pain of long duration with unknown origin. *Materials and Methods:* A 50-year-old woman with 30 years of unexplained right lower quadrant pain was treated with dextroamphetamine sulfate. *Results:* Dramatic complete abrogation of the pain occurred within two weeks. The complete relief persisted for two years while she remains on therapy. *Conclusions:* Symphathetic neural hyperalgesia edema syndrome should be considered whenever there is refractory pelvic or abdominal pain.

Key words: Lower abdominal pain; Sympathetic neural hyperalgesia edema syndrome; Sympathomimetic amines; Dextroamphetamine sulfate.

Introduction

Chronic pelvic pain may be associated with the menstrual cycle and could present as dysmenorrhea, dyspareunia, at mid-cycle or pre-menstrually, or Mittelschmerz. Sometimes it is chronic lasting throughout the entire menstrual cycle but may exacerbate at mid-cycle or pre-menstrually or at least by history, associated with the menses. In all of the above circumstances endometriosis and/or adenomyosis is suspected.

Laparoscopic laser vaporization of endometriotic implants or surgical extirpation to get at deep seeded endometriosis occasionally results in long lasting relief of pain but recurrence of pain even shortly following surgery is very common [1]. Treatment with dextroamphetamine sulfate has been shown to be by far the most effective long lasting treatment of pelvic pain from "endometriosis" and the therapy is well tolerated with few or any long lasting side effects [2]. Dextroamphetamine sulfate treatment was found to be highly effective even in women failing to gain significant improvement after the laparoscopic removal of documented endometriosis [3, 4].

Some chronic pain symptoms that may be associated with endometriosis could present with extra pelvic symptoms, e.g., backache, but may still be responsive to dextroamphetamine sulfate even when herniated discs are suspected [5].

One may present with chronic introital pain which has also been found to respond dramatically to sympathomimetic amine therapy [6].

Some types of pelvic pain may not be expected to respond to sympathomimetic therapy, e.g., persistent large ovarian cyst (not an endometrioma) degenerating fibroid, and cancer of one of the pelvic structures.

Sometimes gastrointestinal structures, e.g., intestines with Crohn's disease or ulcerative colitis or pseudointestinal obstruction (or pathological constipation) can be the cause of lower abdominal pain and is sometimes distinguished from a pelvic source by the presence of other bowel symptoms, e.g., diarrhea, constipation, or weight loss from malabsorption or by objective signs of bowel inflammation with colonoscopy [7-10].

Occasionally a person may present with lower abdominal pain where despite careful history and physical examination there is not a clear cut diagnosis. A case is described of chronic right lower quadrant pain lasting 30 years with an unexplained etiology that quickly responded to dextroamphetamine sulfate.

Case Report

A 20-year-old woman developed unexplained constant right lower quadrant pain. Her complete blood count and comprehensive metabolic profile were normal. The pain was not associated with her menses. A laparoscopy was basically normal but was in-

Revised manuscript accepted for publication June 12, 2015

Clin. Exp. Obstet. Gynecol. - ISSN: 0390-6663
XLIII, n. 1, 2016
doi: 10.12891/ceog3157.2016

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terpreted as possibly some increased vascularity consistent with "pelvic congestion syndrome". Other physicians considered the diagnosis of chronic appendicitis and recommended appendectomy. She obtained other opinions that did not think that such surgery would relieve her discomfort and she chose to reject the surgical options.

She suffered with the condition for 22 years when she decided that with the advancement of modern medicine and new diagnostic procedures that a diagnosis and therapy could finally be accomplished. A gastroenterologist ordered a CT scan but it was negative. No new therapy was offered.

She consulted the author's practice which was recommended by one of her friends who had long standing severe dramatic dysmenorrhea and dyspareunia, but had marked improvement following treatment with dextroamphetamine amine therapy. She was advised that though most pain syndromes, whether it be headaches, joint pain, muscular pain, pelvic pain, backache or bladder pain improves with dextroamphetamine sulfate therapy, the present author did not have a precedent for a case like hers [11]. Nevertheless, the present author was optimistic that this treatment could help her lose some of the 18 kg she gained despite dieting, improve her chronic fatigue, constipation and maybe her dry skin (she was repeatedly found to have normal thyroid studies) [10, 12, 13].

After taking just 15 mg of amphetamine salts extended release capsules, her right lower quadrant pain of 30 years duration completely disappeared within two weeks of taking the drug. All of her other symptoms also markedly improved so that she was no longer constipated and her energy markedly improved. She started at 92 kg and her weight decreased within six months to 83 kg. She has been on this therapy for two years and she remains without ever having even one episode of lower abdominal pain.

Discussion

Amphetamine therapy in the dosages prescribed is very safe, non-addicting (can be stopped suddenly at any time no matter what the duration of therapy has been without withdrawal symptoms or dependence) and is usually well tolerated (dry mouth the most frequent complaint).

The mechanism of pain and the mechanism of how this drug inhibits pain and muscle fatigue and other disorders is hypothesized to relate to one of the main functions of the sympathetic nervous system which is to inhibit cellular permeability. When sympathetic nervous system hypofunction is present, plus some local defect in a given tissue, for some reason, chemicals and toxic factors that would normally be precluded from entering tissues is not impeded. The presence of these offending agents evokes an inflammatory response and thus causes pain. The dextroamphetamine sulfate either acts directly to replace the defective neurotransmitter or causes increased dopamine secretion which corrects the neurotransmitter defect.

From a muscle weakness standpoint it is believed that toxic elements are not precluded from entering the mitochondria and thus cause malfunction. The most vivid example of this was a wheel-chair bound woman over 25 years who was diagnosed by muscle biopsy to have a form of muscular dystrophy known as the mitochondrial myopathy, encephalopathy, lactic acidosis, and stroke (MELAS) syndrome to totally regain her energy and walk and drive again [14].

The weight loss was from correcting edema which is frequently a part of this syndrome. Actually the name does not fully encompass other conditions that this treatment corrects, e.g., chronic fatigue, urticaria, and vasomotor symptoms [13, 15-18].

The consideration of the sympathetic neural hyperalgesia edema syndrome in one's differential diagnosis of pelvic or abdominal pain can save the patient the risk of ineffective surgical procedures, e.g., laparoscopy, or invasive or painful diagnostic procedures or even prevent radiation exposure as from a CT scan. The best way to diagnose the condition is simply treat with dextroamphetamine sulfate and see if the symptoms abate. This drug is not an analgesic and thus will not mask a serious condition, e.g., pending ruptured ovarian cyst, or appendicitis, or ovarian torsion.

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