Splanchnic Nerve Blocks For the Treatment of Loin Pain Hematuria Syndrome

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Loin Pain Hematuria Syndrome: An Enigma

Loin Pain Hematuria Syndrome is a rare condition first described in the literature in 1967. There is no gold-standard diagnostic test for the syndrome; rather it is a diagnosis of exclusion. Multiple theories suggest a possibility of LPHS being some form of vaso-spastic disease, or that irregular deposition of C3 complement component which is responsible for the pain or a manifestation of a somatoform disorder.

In this case we present a 43-year-old female who was referred to our pain practice by the Nephrology department. The consultation was for recommendations regarding her opioid use and possible interventional procedures for poorly controlled flank and loin pain of 5 months and a provisional diagnosis of LPHS. With the exception of some intermittent hematuria, which was ascribed to the possible recurrence of small kidney stones, her workup was completely normal.

The patient received substantial relief in pain accompanied by a greatly increased level of functionality after receiving a series of local anesthetic left sided splanchnic nerve blocks. There was relief was for approximately seven weeks without interruption after the first block and pain returned to previous level of intensity. Second block led to immediate reduction of daily consumption of opioids and pain relief for almost eight weeks before a return of symptoms with an overall decrease in the intensity. There is no definitive treatment of LPHS. Interventional therapies which aim at pain control like high dose oral opioids, intrathecal opioids, intra-ureteric capsaicin instillation, renal denervation, auto-transplantation and nephrectomy have been used. In this case report we discuss the sustained pain relief in LPHS for multiple weeks with the help of series of splanchnic nerve blocks and return of symptoms with an overall decrease in the intensity.