

## The use of opioids for neuropathic pain management in Behcet's disease

Kinga Grzybowski

Poznan University of Medical Sciences, Poland

Behcet's disease (BD) is an autoimmune disease that affects multiple organ systems and manifests clinically as skin ulcerations, oral lesions, uveitis, myalgias, and many other symptoms. In order to treat the many ways in which this disease can progress, a number of topical medications, biological agents, glucocorticoids and disease-modifying anti-rheumatic drugs (DMARDs) can be used. These medications may fail to alleviate the musculoskeletal pain and patients may need to take opioids during severe flare-ups. Patient-controlled IV morphine for the inpatient setting and oral administration of oxycodone in the outpatient scenario can be adequate for pain control.

A 21-year-old male was diagnosed with Behcet's disease three years ago after presenting with muscle pain, petechiae on the arms and feet, and ulcerations of the oral mucosa. A skin and muscle biopsy confirmed the diagnosis for which he was prescribed prednisone and azathioprine. His condition worsened significantly over the next two years, and he complained of fever, generalized pain, muscle weakness, difficulty swallowing and extension of the petechiae to the dorsum of the hands and feet. The patient reported severe stabbing; recurrent neuropathic pain with hyperalgesia and morphine was implemented. The patient received cyclophosphamide, enoxaparin, intravenous immunoglobulin (IVIG), and pulse steroid therapy. The treatment was effective and the petechiae and skin ulcerations were improving. However, new bruises and striae appeared along with other physical findings consistent with hypercortisolemia. As a result, the dose of prednisone was reduced, and he was instructed to continue azathioprine, oxycodone and acetaminophen along with regular follow-up visits with his rheumatologist.

Although many physicians may hesitate to prescribe opioids due to the ongoing opioid epidemic in the USA, some of these medications may be necessary to alleviate the severe musculoskeletal pain experienced by patients with Behcet's disease. Opioids can be a safe solution to severe pain so long as they are prescribed over a short period of time with proper dose tapering.

### Biography

Kinga Grzybowski completed her Bachelor of Arts at St. John's University in New York City in 2018 at the age of 23 and moved to Poland for Medical School to pursue her dream of becoming an anesthesiologist. She has five years of experience as a licensed pharmacy technician, worked as a research assistant in the Anesthesiology department at New York Presbyterian Hospital Queens and presented multiple Psychology posters at conferences throughout the US during her undergraduate years. She currently serves as an executive board member of AMSA at her school and hopes to apply for residency later this year.

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