**Introduction**

- Neurolytic celiac nerve block is commonly used to treat refractory pain associated with abdominal malignancies, especially pancreatic cancer.
- While self-limiting diarrhea can occur in as many as 50% of patients post procedure, a very rare risk of persistent diarrhea exists.
- We present such a case and also conducted a review of the current literature to discuss alternatives of management.

**Case**

- 70 year old female with pancreatic adenocarcinoma diagnosed one year ago (T4N0M0).
- Urgent ECRP for bile duct obstruction one year ago.
- Neoadjuvant gemcitabine/radiation 10 to 9 months ago for planned Whipple’s procedure.
- Non-surgical candidate determined 9 months ago.
- Gemcitabine weekly 3 out of 4 weeks. 7 months ago - continuing gemcitabine until one month ago.
- Ongoing pain/radiation issues on Hydromorphone/Hydromorph Contin.
- Four months ago, restaging CT: tumour unresectable due to superior mesenteric artery and vein, as well as celiac plexus involvement.
- Interventional radiology referral.
- Delayed referral as pain control improved.
- Nerve block/celiac plexus, Diarrhea, Human, Last 10 years.
- Other comorbidities: Type 2 diabetes diagnosed one year ago; lung cancer resected three years ago.
- Admitted to PMH for ongoing diarrhea and new found fever. Diagnosis: Influenza, celiac nerve block induced diarrhea.

**Methods**

- Treatment: Hyoscine (SC D/C 100mcg Q8H; Octreotide increased to 300mcg SC GNS; Sandostatin LAR given).
- Treatment: Cholestyramine added Patient’s own probiotics (lactobacillus acidophilus) re metered.
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- Discharge DOA 18.

**Results**

- **DOA 1** 8 to 9 BMs
- **DOA 4** 8 to 9 BMs
- **DOA 7** 8 to 9 BMs
- **DOA 10** 8 to 9 BMs
- **DOA 17** 8 to 9 BMs
- **DOA 26** 4 BMs

**Discussion**

- Persistent diarrhea is a very rare complication of celiac nerve block.
- Very few updates exist in limited current literature regarding proper management; based largely on anecdotal evidence.
- From our experience octreotide seems to be an effective agent for the management of this complication.

**References**