Pentazocine abuse in a healthcare professional

Aslı Enez Darçın,¹ Onur Cemal Noyan,² Serdar Nurmedov,³ Nesrin Dilbaz²

¹Istanbul Kanuni Sultan Süleyman Eğitim ve Araştırma Hastanesi, Istanbul, Turkey
²Uskudar University, Istanbul, Uskudar, Turkey
³Acıbadem Health Group, Istanbul, Turkey

Correspondence to
Dr Onur Cemal Noyan,
onurnoyan@hotmail.com

Accepted 5 April 2016

DESCRIPTION
A 53-year-old man, a health professional from a Middle Eastern country, was admitted with paren
teral overuse of pentazocine. He had first used pentazocine in the First Persian Gulf War for
migraine. He began to abuse pentazocine, which he scaled up to 20 ampules per day and continued
using for >15 years. Since 2006, because of polit
cial regulations in the healthcare system in his
country, he obtained the drug from illegal sources
instead of from pharmacies. He was abstinent for
9 months after a treatment programme. He suffered
from musculoskeletal pain, diarrhoea and insomnia
during early withdrawal.

He was using 10 30 mg pentazocine ampules
intramuscularly in his left inguinal region for
6 months before admission. He had a wound in his
left inguinal region that contained necrotic and
infectious tissue (figure 1); he had been dressing
this wound himself for months. He experienced
guilty thoughts and was in a depressive mood.

He completed our 12-step therapy and was on
quetiapine (200 mg), bupropion (150 mg) and nal
trexone (50 mg) treatment after inpatient detoxi
fication. He has been in follow-up in our outpatient
clinic for 13 months and remains abstinent. He is
functional in his occupation and social domains.
After multiple surgeries in Turkey, his wound has
healed.

Learning points

▸ Repeated injections of pentazocine may cause
irregular ulcers with surrounding induration or
hyperpigmentation. Pentazocine-induced ulcers
can be an under-recognised cause of chronic
non-healing ulcers.
▸ Rates of substance abuse among physicians are
similar to those of the general population;
physicians have no immunity to substance
abuse disorders.
▸ The treatment outcomes for physicians with
substance abuse disorders, when receiving
appropriate assessment and treatment, can be
considerably better than for the general
population.

Repeated intramuscular injections of pentazo
cine, which is known to be abused, may cause soft
tissue induration, fibrosis or ulceration, hyperpig
mentation and myopathy.¹ ² It is important to con
sider opioid injection in patients with a chronic
wound, in the differential diagnosis. Although the
rate of overall substance abuse is similar to that of
the general population, abuse of opiates is more
common in physicians. With appropriate treatment,
many physicians with substance abuse disorders
achieve long-term recovery and sobriety.³

Twitter Follow Onur Noyan at @iasonur

Contributors AED and SN conceived the idea for the manuscript
and selected appropriate images. AED and OCN drafted the text.
ND revised the text for important intellectual content. All the
authors approved the final submitted version.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer
reviewed.

REFERENCES
1 Mudrick C, Isaacs J, Frankenhoff J. Case report: injectable
pentazocine abuse leading to necrotizing soft tissue infection and
2 Goyal V, Chawla JM, Balhara YP, et al. Calciﬁc myoﬁbrosis due to
3 Berge KH, Seppala MD, Schipper AM. Chemical dependency and

To cite: Darçın AE, Noyan OC, Nurmedov S, et al. BMJ Case Rep 2016. doi:10.1136/bcr-2016-215337