As she weakened, she couldn’t swallow her oral medications, necessitating discontinuation of her baclofen.

Three days later, she developed painful spasticity of her temporomandibular joint muscles. She was very distressed by this symptom. It persisted over the following five days despite opioid analgesia and benzodiazepines. A literature review revealed a case report demonstrating the effective and well-tolerated use of subcutaneous baclofen in a patient who could no longer take his medications via PEG.

A decision was made to commence a continuous subcutaneous infusion with baclofen 10 mg over 24 hours and NaCl as the diluent. The intrathecal formulation of baclofen was used.

The following day, the patient reported improvement in her spasticity, and she was able to open her mouth. The improvement was sustained over the following four days, and she experienced no skin reactions at the infusion site. At this time she could no longer communicate, and she was beginning to die. The baclofen was discontinued as she was no longer benefiting.

Conclusion This case illustrates the effective and well-tolerated administration of baclofen via subcutaneous infusion. If appropriate, we may consider this route again.

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