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Unusual Reason for Chronic Musculoskeletal Pain

Generalized pain especially in a periodic manner is a confusing entity challenging pediatricians to cover an extensive range of disorders including simply follow-up cases like "Growth Pain" to life threatening, hideously progressing hematologic malignancies [1]. This paper, however, aims to point out another entity in this range that is often to be missed and misplaced under other categories. Exposure to opium by undesirable inhalation, in children can make them susceptible to withdrawal symptoms.

Here we state our experience about three patients with chronic periodic musculoskeletal pain undergoing a broad investigation before diagnosis. These patients were two 11 and 13-year-old boys, and a 13-year-old girl, complaining of generalized pain. The pain was periodic and would last a few days, yet no repetitive chronological pattern was found. The first case usually experienced abdominal cramping and sometimes loose stools during pain attacks. Physical examination revealed no abnormalities. Metabolic bone disorders, rheumatological and infectious diseases as well as hematologic malignancies and psychological disorders were ruled out by physical examination, laboratory, and imaging assessment in them. We attributed the pains to growth pain and the child was treated with Ibuprofen, which turned out to be ineffective. In the second case, recurrent pain was causing her to be absent at school. Eventually due to pattern of these pains coinciding with examination times, she was diagnosed with factitious disorder. The last patient was closely followed until the third visit when his mother complained of the same symptoms. He was inquired about the father's history. The father was a truck driver going on monthly trips. A coincidence between symptoms breakout and the father's trips was further revealed. It was then proven that the father was an opium inhaler with frequent administration of the drug at home. In the light of the new revelation, parental histories of the other two cases were revised. Their fathers were also opium inhalers, and symptoms breakout would exactly coincide with their absences (a trailer driver, a staffer who went to missions). The parents refused sampling of their children for

measurement of blood opium levels. Therefore, the affirmation of the exact causality of generalized pain with abstinence symptoms was impossible for us.

Some important underlying factors for musculoskeletal pain in children; referred to in several studies, are hypermobility syndrome, subtle skeletal deformities, poor sitting postures, inflammatory, metabolic and hematologic diseases, lifestyle and psychological factors [1,2]. To our knowledge, opium withdrawal in passive inhalers is not considered in most of the studies [3,4]. Apart from being a farfetched diagnosis, using analgesic for pain relief that obscures the symptoms, cultural and social restrictions to confess to addiction, makes it difficult to be diagnosed. In these cases, the parents denied to accept our reasonings and hardly cooperated with the treatment guidelines.

In aggregate, it is appropriate to consider passive opium inhalation and its consequences as an underlying reason for chronic nonspecific pain in children. It is not always easy to infer to parents' addiction. Therefore, a careful family history in these situations may help in the diagnosis.

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