

REFRACTORY SEVERE NAUSEA AND VOMITING IN A PATIENT WITH METASTATIC TESTICULAR CANCER: A CASE REPORT

Aline Beatriz Carvalho de Almeida¹, Paulo Cesar Lobato Magalhães¹, Hofman Eduardo da Cruz¹, Stephany das Chagas Alves¹, Maria Vitória Sabino Hupp¹, Felipe Goes Costa¹, Davi Jesus Silva Saraiva Campos¹, Arlisson Macedo Rodrigues¹

¹Federal University of Pará (UFPA), Brazil

Introduction: Testicular neoplasms are diseases that originate from germ cells, and their treatment consists of orchiectomy followed by chemotherapy or radiotherapy. Although this type of cancer generally has a good prognosis, some patients experience symptoms that affect their quality of life, such as nausea and vomiting. **Objective:** To describe the case of a patient in palliative care, diagnosed with metastatic testicular neoplasm, who presented with severe nausea and vomiting requiring five classes of antiemetics for symptom control. **Case Report:** M.R.C., 22 years old, farmer, Catholic, married, born and residing in Bragança, Pará. The patient began experiencing lower back pain radiating to the left lower limb in February 2024, which worsened with physical exertion and did not improve with the use of analgesics. In May 2024, he underwent a left orchiectomy following inguinal trauma, after which he developed abdominal pain associated with nausea and vomiting that progressively worsened since July 2024. During this period, he reported constipation, melena, and a weight loss of ten kilograms since the onset of the pain. He denied other comorbidities and was unable to provide information on family medical history. On physical examination, the patient reported pain on palpation of the left flank and hypogastric region, with a hardened, palpable mass of approximately 10 centimeters in the epigastric region. Abdominal MRI revealed a solid retroperitoneal lesion measuring 15 x 9.6 centimeters. The patient progressed with constipation, neuropathic pain, and a difficult-to-control episode of nausea and vomiting due to tumor compression. The antiemetic therapy used aimed to inhibit different pathways of nausea. Initially, dopamine and serotonin receptor antagonists with gastrointestinal action (Bromopride and Ondansetron, respectively) were administered to provide prokinetic effects and reduce vagal stimulation. Subsequently, central-acting dopamine receptor blockers (Haloperidol and Chlorpromazine) were added as adjuncts to the therapy, also contributing to the reduction of vagal activation. Finally, Dexamethasone was introduced to reduce inflammation and edema, as well as to enhance the effects of the other antiemetics. After optimizing the five-drug regimen, the patient showed clinical improvement, with a reduction in both the frequency and intensity of nausea episodes. **Conclusion:** Palliative care played a crucial role in managing nausea and vomiting. After implementing non-pharmacological measures such as dietary counseling,

medications were gradually introduced and optimized to their maximum doses, at which point a new drug was added to the regimen. With the maintenance of the five-drug antiemetic therapy, the patient achieved adequate control of nausea and vomiting, significantly improving his quality of life and creating a more favorable context to continue his oncologic treatment.

Keywords: Testicular neoplasm; palliative care; antiemetic drugs.