# Atomized Intranasal Ketorolac Versus Intravenous Ketorolac for the Treatment of Severe Renal Colic in the Emergency Department: A Double-Blind, Randomized Controlled Trial

Usama Said Shannan Al-Khalasi, MD

Awatif Khamis Said Al-Sarrai Al-Alalawi, MD

Mahmood Al-Jufaili, MD

Muzna Said Rashid Al-Asmi, MD

Fatma Bader Al-Riyami, MD

Ramesh Vishwakarma, PhD

**Show all authors** 

Published:November 22,

2023DOI: https://doi.org/10.1016/j.annemergmed.2023.10.009

## Study objective

Atomized intranasal (IN) drug administration offers an alternative to the intravenous (IV) route. We aimed to evaluate the analgesic efficacy of IN versus IV ketorolac in emergency department patients with acute renal colic.

#### Methods

We conducted a double-blind, randomized controlled trial on adult patients (aged 18 to 64 years) with severe renal colic and numerical rating scale pain ratings ≥7.0. They were randomly assigned (1:1) to receive single doses of either IN or IV ketorolac. Our main outcomes were differences in numerical rating scale reduction at 30 and 60 minutes. A 95% confidence interval (CI) was calculated for each mean difference, with a minimum clinically important difference set at 1.3 points. Secondary outcomes included treatment response, adverse events, rescue medications, and emergency department revisits. We analyzed using intention-totreat.

#### Results

A total of 86 and 85 patients with similar baseline characteristics were allocated to the IV and IN groups, respectively.

#### **Baseline characteristics**

Characteristic	Group Allocation, n (%)		
	IV Ketorolac (n=86)	IN Ketorolac (n=85)	
Age (y)*	35.4 (8.4)	35.9 (8.5)	
Sex			
Man	72 (83.7)	71 (83.5)	
Woman	14 (16.3)	14 (16.5)	
Confirmed calculi	60 (69.8)	57 (67.1)	
Calculi location			
Renal	20 (35.1) <sup>†</sup>	17 (30.4) <sup>‡</sup>	
Proximal ureter	7 (12.3) <sup>†</sup>	11 (19.6) <sup>‡</sup>	
Mid-ureter	5 (8.8) <sup>†</sup>	4 (7.1) <sup>‡</sup>	
Distal ureter	25 (43.9) <sup>†</sup>	24 (42.9) <sup>‡</sup>	
Obstructive stone	27 (47.4) <sup>†</sup>	30 (53.6) <sup>‡</sup>	
Stone size (mm)*	5.3 (2.5)	5.0 (1.8)	
Pain medication prior to ED presentation 12 (14.0) 6 (7.1)			
Vitals at presentation			
Systolic BP (mmHg)*	137 (20)	136 (17)	
Diastolic BP (mmHg)*	82 (15)	82 (13)	
Pulse rate (beats/minute)*	85 (15)	86 (13)	
Respiratory rate (breaths/minute)*	19 (2)	20 (3)	
Temperature (°C)*	36.7 (0.3)	36.8 (0.3)	

Mean numerical rating scale scores were 8.52 and 8.65 at baseline, 3.85 and 4.67 at 30 minutes, and 2.80 and 3.04 at 90 minutes, respectively. The mean numerical rating scale reduction differences between the IV and IN groups were 0.69 (95% CI -0.08 to 1.48) at 30 minutes and 0.10 (95% CI -0.85 to 1.04) at 60 minutes. There were no differences in secondary outcomes.

### Secondary outcome measures

Outcome	IV Ketorolac (N= 86)	IN Ketorolac (N=85)	Difference (95% CI)	
Need for rescue analgesia				
	10 (11.6%)	9 (10.6%)	1% (-8.8% to 10.8%)	
Responded to treatment				
	60 (69.8%)	57 (67.1%)	2.7% (-11.1% to 16.4%)	
Responders with confirmed renal stones				
	66.7% (40/60)	63.2% (36/57)	3.5% (-13.4% to 20.3%)	
Responders without confirmed renal stones				
	76.9% (20/26)	75.0% (21/28)	1.9% (-20.7% to 23.9%)	
ED revisit within 48 h				
	16 (18.6%)	15 (17.6%)	1% (-10% to 12%)	

#### Conclusion

Neither IN or IV ketorolac was superior to the other for the treatment of acute renal colic, and both provided clinically meaningful reductions in pain scores at 30 to 60 minutes.

