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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Cancer pain is most of the times relieved by pharmacological treatment. When pharmacological treatment is not sufficient, interventional pain procedures are considered. Here we present a case complicated by epidural hematoma.

Methods 58 years old female patient with stage 4 metastatic colon and urethelial carcinoma was referred to our clinic for hip and leg pain. She had multiple bone metastasis. Medical treatment was not enough, so transforaminal epidural steroid injection (TFESI) and lumbar sympathectomy was offered. The needle was fluoroscopically aimed for left L2 TFESI through the 'safe' triangle. Needle insertion happened to be intravascular with spontaneous return of blood. It was decided not to proceed further with the injection. Other interventions were performed uneventfully.

Results 12 hours later, the patient experienced left-sided sensorimotor loss. Left lower extremity examination revealed 0/5 motor functions of left hip and knee extension and flexion with hypoesthesia from T10 to L2 dermatome were noted. Sensorimotor function of the right lower extremities were normal. Urgent thoracolumbar MRI revealed left sided epidural hematoma extending from T8 to L2 (figure 1). Emergent epidural hematoma decompression surgery was offered, which she declined due to her comorbidities.

Abstract #36426 Figure 1 Epidural hematoma extending from T8 to L2 level, compressing spinal cord. Sacral metastases can also be seen

Conclusions Although lumbar TFESI was found to be safe, we experienced an epidural hematoma, which we believe was because the 'safe' triangle approach was chosen, where blood vessels lie. To our knowledge, our case is the first one to report unilateral paresis following a massive epidural hematoma. We believe, Kambin's triangle approach may prevent from, a rare but debilitating complication, epidural hematoma.

#36370 REGIONAL ANESTHESIA IN PEDIATRIC CRPS

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10.1136/rapm-2023-ESRA.378

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Complex regional pain syndrome (CRPS) is a chronic pain disorder, usually involving hyperalgesia and allodynia of the extremities. The exact mechanism is unknown, although several different mechanisms have been suggested. The diagnosis is clinical. Regional Anaesthesia can play an important role in treating the pain in these patients who will thus be able to carry out the correct physiotherapy.

Methods This study is a case series of 7 children with a diagnosis of CRPS, aged from 8 to 15 years, that received specific continuous nerve blocks. The 70% of these patients presented symptoms to lower limbs, while only the 30% had an involvement of upper limbs. During the first objective examination, all the children showed a considerable decreased range of motion (ROM) of the interested extremity, meanwhile a change in sensitivity and temperature was observed, besides hyperalgesia, allodynia, redness, oedema. After a multidisciplinary discussion, every child was treated with physical therapy, previous placement of ultrasound- guided perineural catheter.

Results After this intervention all the children were able to perform physical therapy without pain. At the end of therapy program, an increase of ROM was observed, besides a reduction of Number pain rating scale (NPRS).

Abstract #36370 Figure 1 CRPS

Abstract #36370 Figure 2 CRPS

Abstract #36370 Figure 3 CRPS

Conclusions Two persons of this group had a recurrence of acute episode after six months; they were treat in the same way, but only one of them had a benefits. The other one was a 12 years a young woman that had particular psychological characteristics, such as kinesiophobia for this reason she followed a psychologic and cognitive- behaviour treatment.
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#35519 QUADRATUS LUMBORUM PHENOL NEUROLYSIS, AN UNDERRATED ALTERNATIVE IN MALIGNANCY

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10.1136/rapm-2023-ESRA.379

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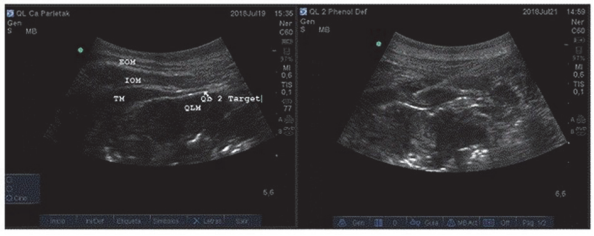
Background and Aims The analgesic cornerstone in cancer pain are opioids(1), in some cases interventional-pain-management is recommended(2). The Quadratus lumborum block (QLB) has shown benefits for abdominal wall(3), parietal and neuropathic pelvic pain(4). Its analgesic extends effect from T7-L1(5) this is explained by the relationship between the transverse fascia and the endothoracic fascia(6). Safety of phenolization has been described in cancer(7). We present a case report of QL2 phenolization for cancer pain.
Methods This is a case of a 66-year-old male patient with malignant colonic cancer, metastatic to pancreas, spleen and abdominal wall, with intractable severe pain. A diagnostic QLB-2 was proposed because he refused any continuous neuraxial procedure. We proceeded under ultrasound-guide, in plane with a sham-rock approach, with 20mL bupivacaine 0.5% with 50 mg of triamcinolone (figure 1A). After 48 hours a neurolytic phenol injection was administered, with identical technique only bupivacaine was replaced by 20ml phenol 10%. (figure 1B).
Results The patient's reported 70% d dynamic and 80% on static decrease in pain on VAS for 48 hours and 42% oxycodone daily dose reduction with QL-2 block, 80% decrease in dynamic and 90% at rest pain during 10 days and 40% reduction in oxycodone dose with neurolysis. Unfortunately, due cluster symptoms he required intermittent sedation 2 weeks and past away.



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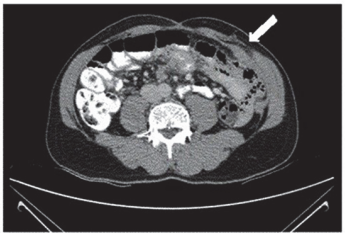

Abstract #35519 Figure 1 A: EOM: external oblique muscle, IOM internal oblique muscle, TM transverse muscle, QLM quadrates lumborum muscle. B: ultrasound guidance showing free liquid around needle tip. C: CT scan shows abdominal wall metastatic collections