Abstract B106 Figure 1

Abstract B106 Figure 2

Conclusions This is the first published case describing the use of QL block as surgical anesthesia for a high-risk abdominal surgery with multi-modal analgesia approach.

B107 CONTINUOUS SCIATIC NERVE BLOCK IN CHARCOT-MARIE TOOTH DISEASE: A CASE REPORT

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Background and Aims Charcot-Marie-Tooth (CMT) disease is a demyelinating, hereditary, motor and sensory neuropathy. It is the most frequent inherited peripheral neuropathy, characterized by distal muscle atrophy, weakness, and sensory loss.

While there are several reports of uneventful cases of spinal anesthesia in patients with CMT, the performance of peripheral nerve blocks in patients with preexisting neuropathy is still not consensual and current evidence is considered too sparse to allow for comprehensive recommendations regarding the best anesthetic approach.

Methods A 78 year-old woman, ASA III, with CMT was scheduled for left ankle arthrodesis. A meticulous preanaesthetic evaluation was carried out focusing on neurologic function.

An ultrasound guided popliteal sciatic nerve block was performed with 6 ml of ropivacaine 0.2%, followed by catheter placement (external to perineural sheath). The procedure was performed under continuous spinal anesthesia with hyperbaric bupivacaine (5mg + 2.5mg).

Postoperative pain control was scheduled with 10 ml boluses of ropivacaine 0.1% on demand (lockout time of 2 hours).

Results In the first 48 hours following surgery, the patient required only one rescue administration of perineural analgesia, with no opioid consumption. Regular neurological examinations were performed and she was discharged without evidence of worsened motor or sensory deficits.

Conclusions In retrospective analysis, we consider that the benefits of performing continuous perineural analgesia in our patient did not overcome the possible neurological risks, given the demyelinating nature of CMT and consequent impaired nerve conduction. Nonetheless, no complications were observed.

B108 FROM EPIDURAL TO FASCIAL PLANE IN BLUNT CHEST TRAUMA

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