Background and Aims  Oxytocin is a neuropeptide hormone, normally produced by the hypothalamus and released from the posterior pituitary. Synthetic oxytocin is used to stimulate uterine contraction, in labor and in postpartum to control bleeding.

Methods  An ASA II, 27-year-old woman was scheduled for an elective caesarian section. From her medical history, she has been diagnosed with an oligosymptomatic infection with covid 19, a month ago and she underwent two caesarian sections in the past.

Results  Under spinal anesthesia, a caesarian section was performed with delivery of a live male infant. After placental delivery we administrated 5 UI of oxytocin. In the next 2 min the patient complained of headache, chest pain, palpitations and on examination she had hypertension, tachycardia and some ESV’s. No signs of ECG abnormalities (elevation ST, T) were noted.

We sedated the patient and controlled the hypertension with low doses of Trinitrate. In early postoperative period, troponinemia and disorders of the ECG (depression ST V2–V6, prolonged QT, T elevated), were observed, therefore the post covid patients must be included for further investigations.

Conclusions  Vasopressor drugs may provoke similar angina events such as ephedrine, phenylephrine, ergonovine, oxytocin. Close attention to the patients’ symptoms, appropriate cardiac monitoring, and postdelivery cardiac assessment ensures timely recognition and subsequent management. Risk assessment for post covid patients must be included for further investigations.

Background and Aims  Peripheral nerve blocks can be the cornerstone of perioperative anesthesia management of patients with lower limb ischemia, who often present with multiple comorbidities. The aim of this case report is to present the perioperative anesthesia management of patients with multiple comorbidities who must undergo an emergent surgery under antithrombotic therapy.

Methods  An 89-year-old man presented to the emergency department with a massive abdominal wall hernia with inflammation and bowel necrosis. Surgery was performed under combined femoral and distal sciatic nerve block with ropivacaine 0.5% (50mg +50mg), under ultrasound guidance. No complications were reported intraoperatively and the patient was transferred to the Intensive Cardiology Unit. He was transferred back to the surgical ward the following day.

Conclusions  Peripheral nerve blocks under ultrasound guidance can be a “game-changer” for the perioperative anesthetic management of patients with multiple comorbidities who must undergo an emergent surgery under antithrombotic therapy.