Background and Aims Paraplegia after neuraxial anesthesia is very rare (0,00001%). Common causes are needle trauma, vascular injury, spinal ischemia and neurotoxicity from local anesthetic or antiseptic agents.

Methods We report a case of a 68-year-old man who underwent a TURP procedure under spinal anesthesia. His medical history included follicular lymphoma stage III, for which he received intravenous Obinutuzumab maintenance treatment every 2 months. Uneventful spinal puncture was performed at L4-L5 with 2 mL hyperbaric bupivacaine 0,5%. Four hours postoperatively, the patient’s motor function had not yet returned. An urgent MRI scan revealed an acute transverse myelitis from level T6 to the conus medullaris. Despite high-dose steroids treatment, the patient still suffers from hypoesthesia and motor deficit.

Conclusions Caution is warranted when performing neuraxial anesthesia in patients using monoclonal antibodies, in whom we suggest evaluation of pre-existing neurological symptoms.

Background and Aims Percutaneous vertebroplasty is a minimally invasive technique and typically, these interventions involve local anaesthesia in association with moderate sedation or general anesthesia. ESB (Erector Spinae Plane Block) is an interfascial plane block with growing applications in perioperative analgesia for a number of procedures. However, there are no reports on the use of ESB as an anaesthetic technique for percutaneous spinal surgery. This report describes the application of bilateral ESB for lumbar vertebroplasty in a patient with an anticipated difficult airway.

Methods Case description A 65-year-old woman with difficult airway stigma presented for L3 percutaneous vertebroplasty due to a compression fracture. Avoidance of sedation was preferably, given the challenging airway conditions. Bilateral ESB was performed, using a total of 40 mL of 0.375% ropivacaine, 20 minutes prior to the beginning of surgery. Surgery proceeded successfully and no other medication was required. The recovery period was uneventful and the patient did not require additional analgesia.

Conclusions To avoid intraprocedural discomfort, ESB proved to be sufficient anaesthesia for a successful intervention and advantageous for post-procedural pain relief. Therefore, we highlight ESB as a single, reliable and useful anaesthesia technique for percutaneous vertebroplasty when airway management might be difficult.