

B194 A PITFALL OF SPINAL ANESTHESIA IN PATIENTS ON MONOCLONAL ANTIBODIES: A CASE REPORT

^{1,2}A Herijgers*, ^{1,2}L Van Dyck, ²I Le Roy, ²L Dobbels, ²P Van de Putte. ¹UZ Leuven, Leuven, Belgium; ²Imeldaziekenhuis, Bonheiden, Belgium

10.1136/rapm-2022-ESRA.269

Background and Aims Paraplegia after neuraxial anesthesia is very rare (0,00001%).¹ Common causes are needle trauma, vascular injury, spinal ischemia and neurotoxicity from local anesthetic or antiseptic agents.^{2,3}

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.⁴



Abstract B194 Figure 1

Results In-depth history of our patient revealed similar prior episodes of neurological dysfunction after Obinutuzumab treatment. Since other causes of paraplegia, such as epidural hematoma, ischemia, needle trauma or spinal dural arteriovenous fistula, were excluded, we suspected an acute worsening of an underlying Obinutuzumab related transverse myelitis, caused by exposure to a local anesthetic agent with neurotoxic abilities. This phenomenon is known as the 'double crush syndrome'. Acute transverse myelitis is a (sub)acute inflammation of the spinal cord, causing motor and/or sensory deficits depending on the involved spinal tracts, that has been associated with certain drugs, such as monoclonal antibodies. To our knowledge, this is the first described case of Obinutuzumab-related neurological damage after spinal anesthesia.⁴

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

B195 IS ERECTOR SPINAE BLOCK AS SINGLE ANESTHETIC TECHNIQUE ENOUGH FOR LUMBAR VERTEBROPLASTY? A SUCCESSFUL CASE REPORT

R De Oliveira, B Marques*, E Ribeiro. Centro Hospitalar Vila Nova de Gaia/Espinho, E.P.E., 4434-502, Portugal

10.1136/rapm-2022-ESRA.270

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.

Results

Discussion The standard anesthetic technique for vertebroplasty procedure is moderate sedation or monitored anesthesia care in association with local anesthetic. However, although this is a minimally invasive procedure, patients experience significant perioperative pain. In this case, a predictable difficult airway limited the use of opioids and other respiratory depressant drugs.

Conclusions To avoid intra-procedural 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.