

B196 UNSUSPECTED SPREAD AFTER POSTERIOR QUADRATUS LUMBORUM BLOCK: A CASE REPORT

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Background and Aims A 62-year-old man scheduled for an analgesic treatment inside a study carried out in our hospital about the impact of QL 2 in patients affected of chronic hip pain.

Methods After assessing, we performed the block ultrasound guided in the right side, placing 15 ml of levobupivacaine 0.25% + dexamethasone 4 mg between quadratus lumborum and latissimus dorsi muscles noticing the spread. After 30 minutes the patient was discharged.

Results One hour after the procedure the patient returned to our unit in wheelchair due to bilateral leg weakness. He arrived dizzy and bradycardic. He wasn't able to stand even with the support of one person. On examination: bilateral sensory block, higher in the block side (right), with absent sensation to cold and markedly sensation to light touch from the groin to the knee (plexus lumborum innervation, L1-L3) and in hip flexion objectively weak (right: power 2–3/5; left 4/5). There was also subtle weakness of knee extension higher in the right side (2–3/5) than left one (3/5). Plantar extension and flexion without alteration and bilateral Babinski sign negative.

A CT scan was informed as normal except a bladder distension. Looking for the cause of the weakness we went over the scan noticing a slight edema in the thoracolumbar fascia to the spinal space. Normal motor function returned nine hours after block, being the patient discharged. At 24 hours we confirmed the total recovery.

Conclusions Therefore, based in the clinic and images we supposed an unsuspected spread of the local anesthetic to epidural space.

B197 BRUGADA SYNDROME AND LABOUR. WHAT'S YOUR PLAN?

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Background and Aims Brugada syndrome (BrS) is a channelopathy, with electrocardiographic changes predisposing to malignant ventricular arrhythmias and sudden cardiac death. Since several drugs used in common anesthetic practice interact with cardiac ion channels like local anesthetics, BrS is a clinical condition that requires adequate anesthetic planning. Epidural analgesia (EA) is historically considered a relative contraindication due to the possibility of arrhythmias although supporting evidence is lacking.

Methods A 31-year-old multipara with type 1 BrS diagnosed after syncope and episodes of ventricular tachycardia with an implantable cardioverter defibrillator under quinidine, presented to the Emergency department in labour. After fully informed about the risks an epidural catheter (EC) was placed, under continuous ECG, pulse oximetry, temperature, and

blood pressure monitoring. A test dose of 5 mL ropivacaine 0.2% with sufentanil 1 ug/mL was administered resulting in no hemodynamic changes. After 10 minutes a loading dose of 9 mL of the same mixture was given with no changes. The analgesia consisted in ropivacaine 0.1% boluses hourly.

Results During the entire labor, she was hemodynamically stable under adequate monitoring, with controlled pain. The evolution was to an uneventful eutocic delivery within 4 hours.

Conclusions EA is an excellent choice for labour, with adequate pain control, without significant hemodynamic changes and maintenance the parturient's collaboration in childbirth. In patients with BrS, ropivacaine is presumably safer than bupivacaine because it dissociates from the cardiac sodium channel more rapidly. We found that EA with ropivacaine is a safe and effective in patients with BrS if adequate monitoring is assured during labour.

B198 ANAESTHETIC MANAGEMENT OF THE PATIENT WITH SEPSIS, RECENT MYOCARDIAL INFARCTION AND GASTROINTESTINAL BLEEDING UNDERGOING ABOVE KNEE AMPUTATION

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Background and Aims Despite current aggressive revascularization and limb salvage management, peripheral arterial disease (PAD) contributes to more than half of all amputations. The second Trans-Atlantic Inter-Society Consensus Working Group (TASC II) reported an incidence of major amputation as a result of PAD of 12 to 50 per 100,000 individuals a year. Peripheral nerve blocks are ideal for high-risk surgical patients who cannot tolerate the adverse consequences of even the slightest attenuation of haemodynamic response.

Methods In this report, a 74-year-old man with sepsis, recent myocardial infarction and gastrointestinal bleeding, presents for an urgent above knee amputation. The pre-operative clinical assessment of his condition revealed sepsis. He has got cardiac failure the day before surgery with Troponin I level 14687.20 ng/L and had a resting blood pressure 110/78 mm Hg. He also had gastrointestinal bleeding from stomach ulcers which stopped before surgery and level of Hb dropped from 14g/l to 9.5 g/l. To minimise any haemodynamic disturbance, a combined sciatic-femoral nerve block with epidural catheter placement for postoperative analgesia were planned for the surgery. The vital signs were maintained to within 20% of baseline with IV fluids.

Results Regional anaesthesia technique, showed a significant reduction of peri-operative morbidity with regard to deep vein thrombosis, pulmonary embolism, transfusion requirements, pneumonia, respiratory depression, myocardial infarction and renal failure in patients who had received neuraxial blockade instead of general anaesthesia.

Conclusions Combination of regional anesthesia techniques and low dose of anesthetics allow to avoid hard complications at patients with high-risk diseases and optimize pain relief for them.