B199 DURAL PUNCTURE CONTINUOUS SPINAL ANAESTHESIA WITH A CONVENTIONAL EPIDURAL CATHETER

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Background and Aims Continuous spinal anaesthesia (CSA) used in orthopedics has the advantage of immediate pain relief and anesthetic block achievement with minimum incremental anaesthetic doses. Nevertheless, in the elderly, insertion is often difficult, attributed to bone spur formation or other anatomical irregularities. We present a case with deliberate dural puncture and intrathecal epidural catheter insertion after unsuccessful attempts for CSA.
Methods A 90 y, 46kg BW, 1.58m HT woman was admitted for intramedullary nailing of a subtrochanteric right femoral fracture. Her medical history comprised serious senile dementia, three previous operations, a recent transient ischemic cerebral event and METs<4. Her labs were: Hgb 9.3g/dL, Hct 27.8%, PLTs 289000, PT 10.3sec, APTT 30.9sec and INR 0.96. CSA was attempted but after several attempts dural puncture was unfeasible due to spine deformities. A regular 18G Tuohy needle (Espocan®, B Braun) was inserted at L3–4 level and after CSF leakage at 6cm from skin, a conventional epidural 20G catheter (Perifix® Soft tip, B Braun, Meslungen, Germany) was inserted and secured at 10 cm from skin.1 ml 0.5% (5 mg) levobupivacaine was infused through an insulin syringe. An additional increment of 0.5 ml (2.5mg) was needed to achieve a T5 anesthetic level.
Results No further dose was needed, neither hypotension was noted. The catheter was removed at the end of the procedure; sensory block lasted 3 h. No post puncture headache was noted.
Conclusions Deliberate dural puncture and intrathecal epidural catheter placement is a safe and efficient alternative when high gauge spinal catheter is difficult to insert.

B200 FIRST EXPERIENCE WITH CONTINUOUS SPINAL ANAESTHESIA

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Background and Aims Continuous spinal anaesthesia (CSA) is used particularly in orthopedics and for large-scale tumor operations. The advantage of this technique is immediate pain relief and anesthetic block achievement with a minimum anaesthetic amount. We present a case with our first experience with CSA.
Methods A 58 y, 63kg BW, 1.74m HT man was admitted for intramedullary nailing of an intertrochanteric right femoral fracture. His medical history comprised chronic opioid addiction, currently in a substitution program with methadone. He was also suffering diabetes mellitus type II, under insulin. Hepatitis Virus C positive and with METs < 4, his medication comprised escitalopram, aspirin and LMWH. His labs were: Hgb 8.8 g/dL, Hct 26.7%, PLTs 296000, PT 10.7 sec, APTT 35 sec and INR 1.0 and he was free from thromboprophylaxis the last 24 hrs. A 22G 90 mm atraumatic intrathecal cannula (Intralong®, Sprotte®, Pajunk, Geisingen, Germany) was used for dura matter puncture in the L3–4 intervertebral space. After successful CSF leak at 6.5cm from skin, a 27G, 90cm intrathecal catheter was inserted and secured at 11 cm from skin. 2 ml 0.5% levobupivacaine was infused through an insulin syringe with 0.2 ml (10mcg) fentanyl and 0.2 ml (30 mcg) clonidine as adjuvants.
Results Immediate anesthetic level at T3 was achieved. No further dose was needed. Surgery lasted 1.5 h. The catheter was removed at the end of the procedure. The anaesthetic block lasted 3h. No post puncture headache was noted.
Conclusions CSA is a promising and efficient technique providing excellent operational conditions.

B201 CRANIAL NERVE VI PALSY AFTER SPINAL ANESTHESIA – A CASE REPORT

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Background and Aims Cranial nerve (CN) VI palsy following spinal anesthesia is a rare complication. The aim of this case report is to highlight this unusual injury to promote an adequate diagnosis and management.
Methods Patient written consent was obtained.
Results The authors describe the case of a 21-year-old healthy male patient scheduled for excision of a sacrococcygeal pilonidal sinus. Surgery was performed under spinal anesthesia, with multiple attempts at dural puncture with a 27G Whitacre and 25G Quincke spinal needles. Anesthesia and surgery were uneventful with same-day discharge. On postoperative day 1, the patient developed occipital postural headache and a diagnosis of post dural puncture headache (PDPH) was made. Symptoms subsided within 8 days of conservative treatment. On postoperative day 11, the patient returned to the emergency department with complains of blurred and double vision. Neurological examination was performed and a diagnosis of cranial nerve VI compression neuropathy was postulated. Occlusion therapy was prescribed and symptoms ceased by day 17 postoperatively.
Conclusions If CN VI palsy is an isolated neurologic deficit occurring within 3 weeks of dural puncture and preceded by a PDPH, it is likely a consequence of dural puncture leading to intracranial hypotension and CN traction.[1] Conservative treatment is generally adequate to minimize patients' discomfort and further investigation unwarranted if the deficit resolves spontaneously. It is important for anesthesiologists to be aware of this injury, to inquire about ocular symptoms and to educate patients and peers concerning this rare complication which can manifest within several days after postoperative discharge.

B202 EPIDURAL ANAESTHESIA IN A RARE CASE OF A WOMAN WITH LIPODYSTROPHY UNDERGOING CAESAREAN SECTION

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Background and Aims Lipodystrophic syndromes are congenital or acquired disorders, characterized by complete or partial