

lack of adipose tissue. Apparent accumulation of fat in other regions of the body may be present. Metabolic complications resulting from lipodystrophy are severe insulin resistance, hyperlipidemia, progressive liver disease and increased metabolic rate. Treatment with leptin has been suggested with a potential role for both metabolic and reproductive health. We present a case of a parturient with lipodystrophy that underwent caesarean section.

Methods A 36 y G1P0 parturient with a history of congenital lipodystrophy, DM-1 since early childhood, hypothyroidism and hypertension during pregnancy was admitted. She had undergone partial lobar hepatectomy in the past. Before conception the patient had received leptin injections. Swollen lower extremities, hypertension (average BP 160/90) and increased urine protein were indicative of preeclampsia. At 33 weeks gestation signs of retinal detachment suggested caesarean section delivery. C-section was scheduled at 37 weeks. Preoperative BP was 184/95, HR 85, SpO₂ 98%. Epidural anaesthesia was chosen.

Results A total of 6 mL Lidocaine 0.2% (120 mg), 13 mL Ropivacaine 0.75% (97.5mg) and 50mcg Fentanyl were given through the epidural catheter achieving a T-4 anaesthetic level. BP was 150/80 until delivery and normal 120/80 afterwards. Oxytocin 5 iu bolus plus infusion was given as uterotonic. A solution of 0.15% ropivacaine with 2mcg/ml fentanyl in total of 200 ml was administered as post-caesarean section analgesic regimen.

Conclusions The choice of epidural anaesthesia for caesarean section in the rare case of a woman with lipodystrophy and hypertension during pregnancy was safe and efficacious.

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AWAKE MULTIMODAL ANAESTHESIA BASED ON EPIDURAL ANALGESIA FOR ORTHOSIGMOIDECTOMY: A CASE REPORT

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Background and Aims A 76-year-old patient was scheduled for laparotomic orthosigmoidectomy. The patient's medical record included type-2 diabetes, dyslipidemia, COPD, venous insufficiency and tachyarrhythmias. He was a smoker of 30 pack years, with cough, hemoptysis, hoarseness and whizzing sounds bilaterally on auscultation. The thoracic x-ray showed a right-lung mass and a left lung atelectasy. The spirometry showed an obstructive pattern.

Methods The medical history of the patient, his clinical state and the severity of the operation made him high-risk for post-operative cardiac and respiratory complications. After the patient's informed consent and discussion with the surgical team, awake multimodal sedation and analgesia, based on epidural anaesthesia, with local surgical infiltration was selected.

An epidural catheter was placed in T10-T11 space. Test dose of 40mg lidocaine (2 ml) was administered, followed by administration of 8 ml of ropivacaine 0.2mg/ml and 50mcg of fentanyl.

The complementary medications that were administered are shown on the attached charts.

Duration of the surgery was 140 minutes.

Abstract B203 Table 1

Midazolam	Fentanyl	Dexmedetomidine	Ketamine	Propofol	Esomeprazole
1.5 mg	50mcg	Initial dose 1mcg/kg/hr for 10 min Continuous infusion 0.5 mcg/kg/hr	Bolus initial dose 40 mg Bolus doses 20mg/hr	Continuous infusion 80 mg/hr	40mg
Cefoxitine	Dexamethasone	Acetaminophen	Ondasetron	Salbutamol	
2g	8mg	1g	4mg	400mcg	

Abstract B203 Table 2

Local infiltration medication	Dosage
Lidocaine 20mg/mL	15 mL
Ropivacaine 7.5mg/mL	20 mL
N/S 0.9% NaCl	25 mL

Results The patient's vital signs were stable intraoperatively and the ABGs are shown on the attached chart.

After the surgery, the epidural catheter remained in place for three days keeping a VAS score below 2.

Abstract B203 Table 3

	pH	pO ₂ (mmHg)	pCO ₂ (mmHg)	Hb (g/dL)	Glu (mg/dL)	cLac (mmol/L)	cBase (mmol/L)	HCO ₃ ⁻ (mmol/L)
Preoperative	7.48	67	24.3	11.8	156	1.2	-4.7	21.3
10' before beginning of surgery	7.44	74.9	30.1	9.8	107	1.2	-3.3	22.1
60' after beginning of surgery	7.34	110	34.2	9.8	129	0.5	-6.5	19.2
100' after beginning of surgery	7.31	93.1	36.7	9.7	133	0.5	-	-7 18.7
40' after surgery	7.32	75.9	36.3	9.9	132	0.9	-6.9	18.8
60' after surgery	7.32	78.7	34.7	9.9	130	0.9	-7.5	18.3
100' after surgery	7.32	104	33.7	9.8	129	1.1	-	-8 18.1
6h after surgery	7.39	79.5	27	9.8	141	0.9	-7.8	18.4

Conclusions The combination of epidural anaesthesia, surgical field infiltration and opioid-sparing drugs could achieve an acceptable level of sedation and analgesia, for the performance of a laparotomic orthosigmoidectomy in a high risk patient, with a good level of postoperative pain management and avoidance of postoperative respiratory complications.

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RENAL CRYOABLATION UNDER 'TOTAL REGIONAL' ANALGESIA CONTEXT IN A NON OPERATIVE ROOM SETTING

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Background and Aims Percutaneous CT-guided renal cryoablation is a safe and effective alternative to surgery for small renal cancer, feasible for fragile and elderly patients since it's minimally invasive and 'nephron-sparing'; it reduces pain, morbidity, length of hospitalization⁽¹⁾. It consists in 'freezing'