

After the induction phase (propofol 30 mg and fentanyl 30mcg) and IOT, ESPb was performed in right lateral position at the level of the transverse process of T3 with an ultrasound-guided injection of 10 ml Ropivacaine 0.15%.

Results Scleroembolisation procedure was performed after 20 minutes and lasted about 30 minutes, the patient presented a stable hemodynamic state, with excellent pain control.

The maintenance of anesthesia was guaranteed with Propofol 0,09 mg/kg/min. No opioids were needed during the surgery. At the end of the procedure, Paracetamol 100 mg iv was administered. Upon awakening, the patient was extubated without complications and was pain free. Post-operative pain relief was not administered as the patient reported no pain. The postoperative pain control was 0 on the FLACC scale at 12, 24 and 36 hours and the vital parameters have always been valid and stable. The patient didn't have PONV.

Conclusions The ESP block for scleroembolisation procedures could be considered a valid block for intraoperative and post-operative pain control in pediatric age. The analgesia covers almost the entire perioperative phase, significantly reducing the use of other analgesics

B211 EMERGENCY OPEN APPENDECTOMY UNDER NEURAXIAL ANESTHESIA IN A PULMONARY SARCOIDOSIS PATIENT– A CASE REPORT

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Background and Aims Sarcoidosis is a complex granulomatous disease, typically dominant in the lungs. Pulmonary sarcoidosis can be asymptomatic or result in end-stage, severe, and/or life-threatening disease. Respiratory failure is the most common cause of death. Pulmonary sarcoidosis patients presenting as an emergency are at considerable risk. The anesthetic management of such a patient presenting as undergoing emergency surgery is discussed, at a hospital, which does not have facility for postoperative ventilation.

Methods A 42-year-old male patient diagnosed with pulmonary sarcoidosis presented as an emergency with acute appendicitis. Open appendectomy under combined spinal epidural anaesthesia was decided on. The patient was under corticosteroid therapy and had a history of previous anaesthetic procedures; general anaesthesia for lung biopsy followed by ICU admission and spinal anaesthesia for open inguinal hernia repair. Preoperative evaluation revealed impairment on cardiopulmonary function: decreased left ventricular function with EF 55% and mild restrictive ventilator defect. Chest-X ray exhibited bilateral hilar and paratracheal adenopathy and diffuse reticulonodular pattern. Routine monitors namely, non invasive blood pressure, pulse oximetry and electrocardiogram were attached. Spinal anaesthesia was performed at L(3)-L(4) interspace using 2,5 ml of 0.75% Ropivacaine and Fentanyl. An epidural catheter inserted at L(3)-L(2) interspace was to be activated if needed.

Results An effective sensory block till T6 developed within 10 min and surgery was completed without operative difficulty 60 min after spinal injection. No intraoperative pain was reported. The patient evaluated his satisfaction with the procedure as good.

Conclusions Our case demonstrates open appendectomy under spinal anaesthesia to be safe in patients with high-risk respiratory disease.

B212 APERT'S SYNDROME: REFLECTIONS ON AN UNEVENTFUL SPINAL ANAESTHETIC FOR MAJOR LOWER LIMB SURGERY

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Background and Aims Apert's syndrome is a rare congenital disorder, characterised by premature fusion of the cranial sutures. Abnormalities of the skull, cervical spine, facial and tracheal architecture make airway management challenging¹. These and other musculoskeletal abnormalities and comorbidities can greatly increase anaesthesia risks.

Methods A 53-year-old lady with Apert's syndrome presented for primary hip replacement. She had multiple previous craniofacial, foot and hand operations; several fused cervical vertebrae; and an emergency tracheostomy in the past. She reported difficult vascular access and difficulty breathing through the nose. Her BMI was 35. Due to the high risk of airway and respiratory complications, successful regional anaesthesia was deemed imperative.

Results Ultrasound was used to assist the successful performance of spinal anaesthesia. Low dose propofol by infusion was used as anxiolytic sedation. The two hour procedure was extremely well tolerated.

Conclusions This case highlights the importance of being able to apply regional anaesthesia as a sole technique, and the utility of ultrasound assistance for neuraxial techniques in potentially difficult patients². This relatively young patient is likely to require future lower limb surgery such as revision hip surgery. The patient's positive experience, which has made future awake surgery more acceptable, and demonstration to future anaesthetists of the technique's viability, was vital and was achieved.

In such patients, where significant comorbidities render general anaesthesia hazardous, regional anaesthesia techniques may be lifesaving. This will be ever more the case as our population's burden of comorbidities increases and the epidemic of revision joint replacements is upon us.

B213 BRACHIORADIALIS PRURITUS AS THE MAIN SYMPTOM OF CERVICAL COMPRESSIVE RADICULOPATHY

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Background and Aims A 45-year-old man with no known medical history presents with cervical and shoulder pain in addition to itching on his left palm, which progressed to involve the entire C7 territory (Panel A). The patient underwent a head and neck MRI which showed evidence of left