Results To also cover nervous supply from the femoral nerve we then did an adductor canal block (8 ml Levobupivacaine 2.5 mg/ml) and within five minutes the colour and pulsations in the foot were normalized. To secure vasodilation and analgesia nerve block catheters were inserted to the sciatic nerve and adductor canal. On day five the nails were exchanged for external fixation, fasciotomies closed and catheters withdrawn. External fixation was removed after three months. There were no complications. The patient and parents expressed satisfaction with the treatments and agreed to publication of this report.

Conclusions Fracture, vasospasm and ACS can occur concomitantly, especially in children. Nerve blocks to treat vasospasm is an interesting treatment modality, as in other cases of vasospasm.

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Epidural Hematoma After Failed Epidural Catheter Placement: Case Report

L. Ferreira*, D. Leite, C. Pinho, S. Fonseca. Centro Hospitalar Universitário de São João, Porto, Portugal

Background and Aims Neuraxial techniques are highly-effective to improve multimodal analgesia. Serious complications are rare, more common with epidural, particularly epidural hematom(EH) and coagulopathy. Complication rates after failed neuraxial techniques are less known.

Methods 78-years-old woman submitted to open Whipple procedure with atrial fibrillation on warfarin. 5 days before surgery warfarin was discontinued and replaced by enoxaparin. Adequate stopping time of anticoagulation and normal coagulation and platelet were assured. Before GA,D11-D12 epidural catheter placement(ECP) was attempted by a senior anaesthesiologist, 3 times without success. ECP was cancelled. No complications nor patient complaints. Patient was not referred to the acute pain unit(APU). Hospital Discharge(HD) home at 7th postoperative day without neurologic symptoms. Enoxaparin anticoagulation started 6 hours after surgery. Warfarin initiation was scheduled.

Results 3 days after HD, patient went to emergency department with fever and abdominal pain. CT-scan revealed peritonitis and EH at the posterior portion vertebral canal, D12-L1 level, with spinal-cord compression. No neurologic symptoms. APU and neurosurgery evaluation requested. MRI confirmed EH diagnosis. Anticoagulation was stopped. Spinal compression signs were monitored. 5 days after, follow-up MRI revealed a EH size-reduction and no spinal-cord compression. Patient never reported neurologic symptoms. HD after 12 days with favorable neurologic progress. No neurologic deficits were reported. MRI showed complete resolution of EH.

Conclusions Clinical suspicion, particularly on anticoagulated patients, and careful monitorization since EH diagnosis is mandatory. Even with adequate anticoagulation drugs stopping time, normal coagulation function, EH may appear. In few asymptomatic patients close monitoring and MRI-scanning is enough. Surgical intervention may be necessary in the absence of symptomatic recovery or haematoma resolution.