

B227 NEURAXIAL ANAESTHESIA FOR CAESAREAN SECTION IN A PATIENT WITH IDIOPATHIC TRANSVERSE MYELITIS

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Background and Aims Idiopathic transverse myelitis is a rare focal inflammatory disorder of the spinal cord causing motor, sensory, and autonomic dysfunction. Although it has significant anaesthetic implications, there are few reports of obstetric anaesthesia management of patients affected by this condition, with even fewer describing a neuraxial anaesthesia approach.

Methods The authors describe the successful use of neuraxial anaesthesia in a 40-year-old female patient (69kg, 1.52m) at 39 weeks pregnancy with idiopathic transverse myelitis proposed for elective caesarean section. After multidisciplinary team discussion involving a neurologist, and considering the patient's currently asymptomatic neurological status, a combined spinal-epidural anaesthesia was performed with an initial subarachnoid injection of 1.5 ml of 0,75% ropivacaine and 2.5 µg of sufentanil followed by placement of an epidural catheter for postoperative multimodal analgesia.

Results The procedure was uneventful and postoperative recovery was unremarkable with no reappearance of previous symptoms. The patient was discharged three days after the procedure. Two months after the anaesthesia no new neurological changes have been identified or reported when compared to the preoperative setting.

Conclusions Neuraxial anaesthesia may be a safe approach for elective caesarean section in patients with idiopathic transverse myelitis under similar circumstances. However, neurological assessment before and after neuraxial block is essential, as well as obtaining informed consent.

B228 COMBINED SPINAL-EPIDURAL ANAESTHESIA FOR CAESAREAN SECTION IN A PATIENT WITH LYMPHANGIOLEIOMYOMATOSIS

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Background and Aims Lymphangioleiomyomatosis (LAM) is a rare, progressive, idiopathic disease, affecting almost exclusively women of reproductive age. Mainly involves the pulmonary, renal, and lymphatic systems, with an increased risk of complications during pregnancy with significant anaesthetic implications. Information regarding obstetric anaesthesia management of patients affected by this condition is limited.

Methods The authors describe the successful use of neuraxial anaesthesia in a 39-year-old female patient (72kg, 1.60m) at 39 weeks pregnancy with pulmonary and abdominal LAM proposed for elective caesarean section. LAM was incidentally diagnosed two years earlier during in vitro fertilization treatments and was responsible for ICU admission at 20 weeks of pregnancy due to massive bleeding from a 22x18cm renal angiomyolipoma. After multidisciplinary team discussion, and considering the patient's hematological recovery and currently asymptomatic status, a combined spinal-epidural anaesthesia was performed according to our protocol with an initial subarachnoid injection of 1.6 ml of 0,75% ropivacaine and 2.5 µg of sufentanil. The epidural catheter was left in place for

potentially prolonged surgery and postoperative multimodal analgesia.

Results General anaesthesia with positive pressure ventilation was successfully avoided. The procedure was uneventful with no need for vasopressors and postoperative recovery was unremarkable, with the patient being discharged two days after the procedure.

Conclusions Combined spinal-epidural anaesthesia may be a safe approach for elective caesarean section in patients with LAM under similar circumstances.

B229 PERIOPERATIVE MANAGEMENT OF A MULTIGRAVIDA AT 35-WEEK GESTATION DIAGNOSED WITH PLACENTA ACCRETA: A CASE REPORT

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Background and Aims Placenta accreta spectrum is a leading cause of major obstetric haemorrhage and severe maternal morbidity in the developed world. With an increasing incidence in recent years, it remains an entity with significant anaesthetic implications for which anaesthesiologists should be aware.

Methods The authors describe the perioperative management of a 35-week pregnant woman with an antenatal diagnosis of placenta accreta vera (PAV) proposed to elective caesarean section with total hysterectomy. The patients' obstetric history included placenta previa and two previous caesarean sections. Since PAV was diagnosed early, multidisciplinary planning was possible and included a careful antenatal anaesthesia consultation. Preoperatively, occlusion balloon catheters were placed into the internal iliac arteries under monitored anesthesia care and sedation with remifentanyl. Balanced general anaesthesia was performed by patient's choice. After delivery of the fetus, the occlusion balloon catheters were inflated to reduce uterine perfusion during the hysterectomy and thus prevent massive blood loss. Strategy for hemodynamic and haemorrhagic control also included two large-bore venous accesses, invasive arterial and urinary output monitoring, serial blood gas and thromboelastometry analysis, administration of tranexamic acid and fibrinogen, and low-dose noradrenaline infusion.

Results The procedure was successfully performed and there were no major surgical complications, including massive blood loss, although blood transfusion was required at 24h postoperatively. With no need for admission in an intensive care unit, the patient was discharged within 96 hours.

Conclusions Perioperative well-coordinated multidisciplinary communication can positively impact the outcomes of women with PAV undergoing elective caesarean section with hysterectomy.

B230 CONTINUOUS SERRATUS ANTERIOR PLANE BLOCK PROVIDES ANALGESIA IN MULTIPLE RIB FRACTURES: A CASE REPORT

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