

Conclusions The use of new anesthetic agents and different formulations may be risky. We must always have a high level of suspicion and be prompt for any kind of complication.

B257 PHARMACOLOGICAL AND ACUPUNCTURE MANAGEMENT OF CORNEAL NEUROPATHY. A RETROSPECTIVE CASE STUDY

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Background and Aims Corneal Neuropathy is characterized by dysfunctional nerve endings of the corneal nerve. It causes allodynia and hyperalgesia leading to significant disability. Since corneal neuropathy is a recently described entity, management guidelines are still evolving. We present a case report where we combined pharmacological treatment with acupuncture

Methods A 30 year old male presented with burning pain and dryness on both his eyes. The patient had previously undergone confocal microscopy and had been diagnosed with corneal neuropathy. The pharmacological treatment administered was: gabapentin 1800 mg, duloxetine 60mg, tramadol 150mg and paracetamol 3gr per day. The acupuncture treatment was initiated 8 weeks later and consisted of one session per week for eight weeks with predetermined acupuncture points. The Ocular Pain Assessment Survey (OPAS) was used for quantifying corneal and ocular surface pain. Numerical rating scale was used to quantify pain and Global Perceived Effect Scale (GPE) was used to monitor the Global Effect of Recovery. Measurements were taken at the beginning of the treatment, at the beginning and at the end of the acupuncture.

Results OPAS questionnaire showed more than 50% decrease in the non-eye related pain and slightly less than 50% in the eye related pain. Both symptoms gradually decreased (30% with the pharmacological treatment and 50% when combined with acupuncture). Results were the same 8 weeks after treatment. NRS results were similar where the score on the GPE scale was +3.

Conclusions This case report could be an indicator that acupuncture seems to be an effective add on treatment for corneal neuropathy.

B258 SACRAL ERECTOR SPINAE PLANE BLOCK: IS IT REAL?

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Background and Aims Sacral fractures may present in young adults after high-energy trauma or in elderly and osteoporotic patients after lower-energy falls. Sacral fractures are frequently underdiagnosed and mistreated because they commonly present in patients who are neurologically intact. Surgical treatment through fixation techniques have been developed. Although fusion rates remain high, long-term complications, such as residual pain persist for many patients.

Methods A 48 years-old man, ASA II, was scheduled for posterior arthrodesis from L-3 to the ileum due to sacral fracture. The patient suffered from hypertension, dyslipidemia and diabetes. His laboratory examinations showed no significant alterations

Results Sacral erector spinae plane block (ESPB) was planned for postoperative analgesia as a part of multimodal analgesia (Paracetamol 1g, Ketorolac 30mg and Ketamine 30mg). Following standard anesthesia induction, the patient was placed in the prone position. Sacral ESPB was applied under general anesthesia. With a high frequency linear transducer placed parallel to the median sacral crest we visualised the S1 intermediate sacral crest. With a caudal to cranial in-plane approach we injected 20 mL of ropivacaine 0.20% between the erector spinae muscles and intermediate sacral crest, bilaterally. We noticed the rising up of the muscle above the bone resulting in a caudo-cranial spread of the drug. After the surgery, patient was extubated and transferred to the recovery room. He reported 3/10 NPRS immediately after surgery, with no need of rescue medication.

Conclusions Sacral ESP block can be a useful and safe technique, as a part of multimodal analgesia, to markedly reduce pain in sacral arthrodesis.

B259 CERVICAL TRANS-FACET STEROID INJECTIONS: A SAFER APPROACH TO CERVICAL RADICULAR NEURALGIA AND PAIN

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Background and Aims Compressive cervical radiculopathy commonly causes arm pain with or without sensory and motor dysfunction. Trans-foraminal and intra-laminar steroid epidurals are the standard interventional management of cervical pain. They are also used as a prerequisite for surgical options. However, these procedures can cause severe complications, including infection and neurovascular injury. The trans-facet technique is an underutilized and underreported but safer and effective alternative compared to trans-foraminal and intra-laminar injections. This approach provides an avascular site and avoids neurological structures, preventing severe complications. Limited literature has shown trans-facet injections are equally successful. Our case highlights that transfacet epidural steroid injections are safe and therapeutic for cervical neuralgia.

Methods A 24-year-old female presented with moderate to severe neck pain caused by a recent motor vehicle accident. The pain was sharp, worse on the left side, radiated to the elbow, and exacerbated her chronic migraines. Her quality of life was significantly affected. She was conservatively managed with over the counter pain medication. MRI of the cervical spine showed mild to moderate stenosis on the left at C4–5 and C5–6. Under fluoroscopy, a trans-facet epidural steroid injection was delivered at the left C4–5 level. Postoperatively, at day 1 and 14, the patient reported significant pain relief with no complications.