

Conclusions Our case illustrates neuromodulation benefits for a rare presentation of occipital neuralgia secondary to Tourette's-related dystonia. In refractory cases like our's, ONS should be considered, which is more indicated for occipital neuralgia. Occipital nerve stimulators are safer, relatively easy to place, and clinically beneficial. However, there are risks such as lead migration, which should be further studied.

B261 LAST BUT NOT LEAST: DIFFERENTIAL DIAGNOSIS OF SEIZURES AFTER SPINE SURGERY

¹A Sá, ¹J Almeida*, ²L Coimbra, ²F Rodrigues. ¹Centro Hospitalar Universitário do Porto, Porto, Portugal; ²Centro Hospitalar Vila Nova de Gaia/Espinho, Vila Nova de Gaia, Portugal

10.1136/rapm-2022-ESRA.335

Background and Aims Local anesthetics (LA) are widely used for anesthetic care with different routes of administration. Maximum allowable doses of LA are not evidence-based nor consider the site or technique of administration or patient factors.

Methods Results A 71-years-old woman with 65 Kg, ASA II (arterial hypertension and dementia), was admitted for an elective spine fusion under combined anesthesia. We started with an ultrasound-guided bilateral erector spine block with 40 ml of ropivacaine 0.375%. Then, total intravenous anesthesia with propofol and remifentanyl TCI was chosen with lidocaine (1mg/kg/h) and ketamine (0,2mg/kg/h) infusions. After 4 hours of uneventful surgery, the patient was extubated and transported to the post-anaesthetic care unit where she had a tonic-clonic seizure controlled with 5mg of midazolam. To exclude the possibility of LAST, despite hemodynamic stability, an intralipid bolus and infusion were initiated. Cerebral tomography was performed showing an intraparenchymal hemorrhage involving the right cerebellar parenchyma with mass effect and reduction of the IV ventriculus. The patient passed away after 10 days in the intensive care unit.

Conclusions Management of these cases needs a multidisciplinary approach. Despite its rareness, remote cerebellar hemorrhage is a possible complication of spine surgery. However, it could also be an anesthetic side effect as very high plasma concentrations of lidocaine can result in seizures and multiple interventions of local anesthetics (MILANA) increases the risk of LAST.

Reviewing the literature, there is a dearth of studies discussing MILANA toxicity, its safety and effectiveness doses, which highlights the importance of considering LAST whenever LA are used.

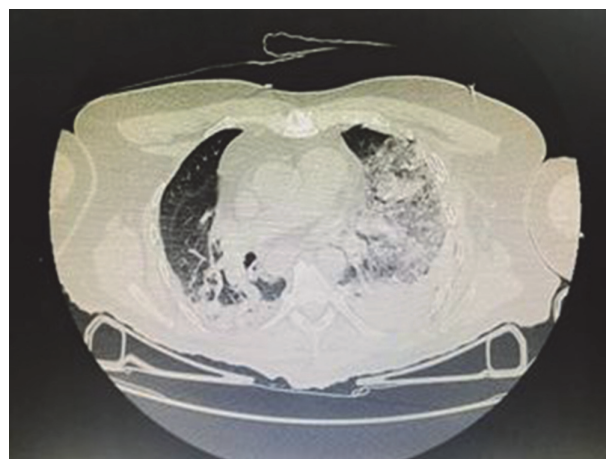
B262 COMBINATION OF SERRATUS ANTERIOR PLANE CATHETER FOR UNSTABLE SEVERAL RIB FRACTURES AND SUPERIOR TRUNK CATHETER OF THE BRACHIAL PLEXUS FOR BROKEN SCAPULA AND CLAVICLE

F Lukács*, S Rugonfalvi-Kiss, A Eröss, Á Csomós. Medical Centre Hungarian Defence Forces, Department of Anaesthesia and Intensive Care, Budapest, Hungary

10.1136/rapm-2022-ESRA.336

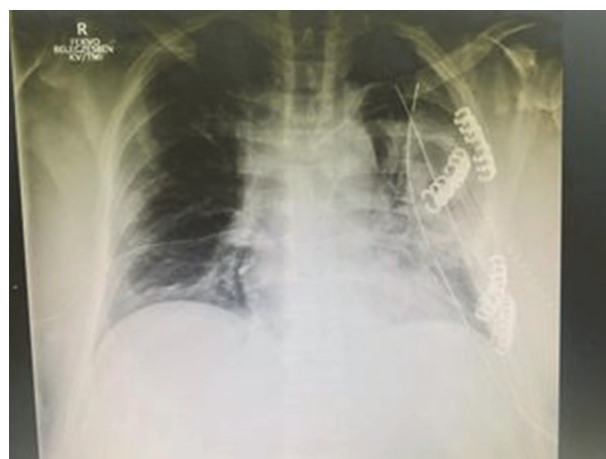
Background and Aims A 50 year-old male, ASA II has had suffered high energy blunt thoracic trauma from a road traffic accident presented with left-sided thoracic and upper limb

trauma. On presentation had mild respiratory distress despite being haemodynamically stable and an oxygen saturation of 93% on room air. Head and cervical spine were negative. Thoracic scan showed displaced rib fractures 1st to 7th and concomitant ipsilateral severe lung contusion, fractured scapula, clavicle and three thoracic vertebrae. Patient required fixation of four ribs and his elbow. Neither the vertebrae, nor the clavicular and scapular fractures needed operative treatment.



Abstract B262 Figure 1

Methods In order to facilitate extubation and physiotherapy a superficial serratus anterior catheter were placed under ultrasound guidance and once loaded with 20 mL bupivacain 0.25% patient successfully extubated on high-flow nasal cannula oxygen with 0/10 chestpain at rest. The severe pain around the clavicle and scapula managed effectively with a superior trunk catheter of the brachial plexus instead of interscalene to spare the phrenic nerve. Bolusing with 6 mL of Lidocain 1% provided complete analgesia with intact diaphragmatic movement on ultrasound. Continuous blocks were accomplished by intermittent boluses in every 12 hours instead of infusion in order to facilitate mobilization.



Abstract B262 Figure 2