Background and Aims Epidural catheter migration is a known complication, but migration to subarachnoid space is extremely rare, with only a few case reports in the literature.

Methods This case describes the intrathecal migration of a previously functioning epidural catheter.

Results 28 years old, GIP0 without relevant medical history, was admitted to the labor ward. After an unsuccessful attempt, the epidural catheter was placed at L3-L4 intervertebral space, using an 18G Tuohy needle with loss-of-resistance to saline technique. The aspiration test was negative. 8 ml ropivacaine 0.1% and 10μg sufentanil were given, with satisfactory pain relief. The epidural pump was programmed to administer a PIEB of 8 mL of 0.1% ropivacaine every hour with PCEA boluses of 5 mL. She was hemodynamically stable and without motor block.

Five hours later, she complained about motor block of lower extremities. The sensory level to cold was T4-T5. The epidural pump was stopped. A colorless liquid was aspirated through the catheter and the glucose test was compatible with liquor.

After reversal of motor block, the intrathecal catheter was successfully used to provide labor analgesia. The delivery was uneventful. She had no post-dural puncture headache or other postpartum complications.

Conclusions Since the epidural catheter is hardly able to penetrate an intact dura, in our patient there was probably an inadvertent dural puncture on the first attempt, with subsequent migration through the dura hole. Another possibility is the initial placement in subdural space, with pain relief for the first PIEB doses, and then migrated through the arachnoid mater into the intrathecal space.

Abstract B290 Figure 1

Conclusions These results show no significant differences between Cat-1 section RSSp and Cat-2 section spinal anesthesia outcomes, and this could help support the use of RSSp for Cat-1 sections.

Background and Aims Multiple sclerosis (MS) is a relapsing and remitting disease that may include symptoms of sensory or motor deficits, optic neuritis, bowel or bladder dysfunction, ataxia. Epidural administration of LA for cesarean delivery has historically been thought to be less risky for patients with MS than a spinal technique.

This report related to the use of low dose combined spinal epidural anesthesia and epidural volume extension for cesarean section in two pregnant with multiple sclerosis.

Methods Two pregnant, 34 and 38 years old, are scheduled for an elective cesarean section for obstetric reasons. After informal consent and the same characteristics of gestation without complication, asymptomatic disease of MS for years and standard monitoring, combined spinal epidural technique was performed with the women in sitting position, level L3-L4, with intrathecal administration of 1,6 ml Levobupivacaine 0,5% + fentanyl 20 μg and placed epidural catheter.

Results After 10 minutes the sensitive block was achieved at T8 level, 5 ml of epidural saline was administrated and 5 minutes later the sensitive block was at T6. The women remained with stable blood pressure and cardiac rhythm with low dose of noradrenaline. The cesarean sections developed without complications. Into the Recovery Room the patients had Grade II motor blockade (Bromage scale) without complications.

Conclusions A small dose of spinal Levobupivacaine can induce adequate analgesic levels with lower incidence of