combined with 3mg betamethasone sodium phosphate using an ultrasound technique to identify the piriformis muscle. We studied numeric pain score and hip function immediately, 2 weeks and 3 months post procedure.

Results The pain score was 5.91±2.13 before the procedure. 2.24±0.72 immediately after and 2.73±0.55 two weeks later and 2.88±0.86 three months later.

There was improvement 80–90% in hip function in all patients immediately which lasted to 3 months. There were no adverse events due to the injection. Two patients had minor leg weakness which lasted for 5 hours.

Conclusions US-guided technique for piriformis muscle injection is a safe and efficient technique according to our study.

Abstract B368 QUADRATUS LUMBOURUM BLOCK TYPE 2 IN CHRONIC HIP PAIN: PRELIMINARY RESULTS

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Background and Aims Coxarthrosis is a frequent pathology in pain medicine with a major effect in quality life of the affected patients. The main objective of this study was to assess the impact of the quadratus lumborum block type 2 (QL2) in pain and quality of life.

Methods After Ethical Committee’s approval (PI 120-1770 on March 30, 2020) and register (Trial registration number: NCT04438265) we started this prospective, observational cohort study. We present the results of 30 patients affected of chronic hip pain treated with quadratus lumborum block type 2 as an analgesic technique. Pain (numeric rating scale, NRS) and quality life (WOMAC scale) were assessed after three weeks and three months.

Results In the sample 5 patients were lost. There were no differences in demographic data. At third month, descriptive statistics showed a global pain improvement (mean NRS 8.3/2, 1) and quality life (mean WOMAC 72, 9/37) (p value 0.01). An NRS and WOMAC value improvement of 50% was achieved in 13 patients (53%). We found no differences in the improvement related to sex but found a difference in chronic pain etiology. Patients with avascular necrosis did not improve in the parameter stiffness (p=0.039). The observed improvement in NRS and WOMAC (global, stiffness and function) were significant between baseline and the follow ups (p<0.001) but not between two follow ups. One complication was reported associated to the block.

Conclusions Our results show that QLB2 could represent a minimally invasive option in hip chronic pain refractory to other treatments.