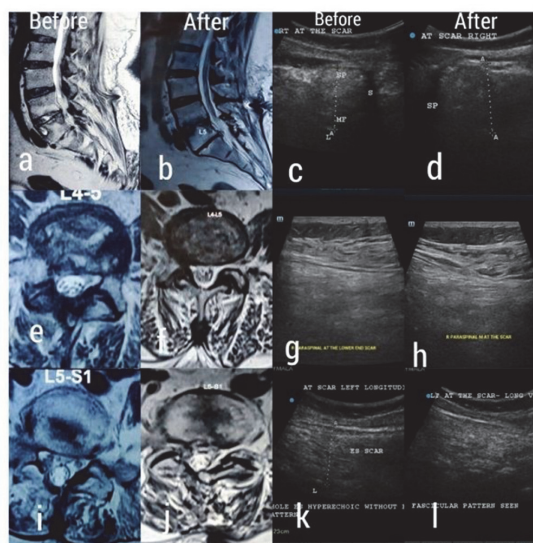


Results Patient reported decrease in the pain, stiffness and improved flexibility with each USGDN session. At 12 weeks she was able to perform her daily activities of life like walking, cooking for one hour, caring for her child and maintaining the house with change in personality and restoration of self-confidence. The first ultrasonography showed severe effusion around the erector spinae muscles, fibrosis and loss of normal muscle architecture in the surgical scar. 6 and 12 week studies showed islands of muscle recruitment, restoration of fascicular pattern in the areas of fibrosis and increase in muscle thickness.



1st Row: a) midsagittal section of MRI at presentation showing end plate and disc changes typical of spondylodiscitis at L4-S1. b) midsagittal section of MRI 6 months post commencement of treatment showing improvement in discitis. c) USG image of paraspinal muscles at scar level on Rt side showing disorganized scar tissues and perimuscular effusion. d) USG image 3 months post treatment showing fascicular pattern in the scar denoting muscle regeneration and decreased effusion. 2nd Row: e) Axial T2 image at presentation showing inflammatory scar at Rt lateral epidural space involving traversing Rt L5 and S1. f) MRI at 6 months showing decreased scar tissue L4-S1. g) longitudinal view of Rt scar at presentation with significant fibrosis. h) long view Rt scar at 3 months with significant muscle regeneration showing fascicular pattern. 3rd Row: i) L5-S1 disc at presentation. j) Axial T2 at L5-S1 after 6 months. k) Lt paracentral long view of scar showing hyperechoic fibrotic tissue. l) Lt paracentral long view showing fascicular pattern and regeneration.

Abstract B378 Figure 3

Conclusions Treatment of myofascial pains significantly improved the post-laminectomy pains and disability in this patient.

B379 ACNES: IS THE RECTUS SHEATH BLOCK PREDICTIVE OF THE SUCCESS OF PULSED RADIOFREQUENCY? A CASE SERIES

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Background and Aims Anterior cutaneous nerve entrapment syndrome (ACNES) is often overlooked as a cause of chronic abdominal pain. Its classical diagnosis requires clinical observation of the Carnett's sign. However, treatments' efficacy remains fairly variable, underlining the need for additional defining criteria. Herein, we suggest that blockade of the rectus sheath may contribute to improve the diagnosis of this syndrome.

Methods A convenience sample of 9 patients presenting the Carnett's sign were enrolled at the Pain Center (CHU de Strasbourg, France) between November 2020 and November 2021. Patients underwent a blockade of the rectus sheath (5 mL, 1% lidocaine). The procedure was considered successful when patients displayed an immediate $\geq 70\%$ pain reduction on the visual analogic scale (VAS). Regardless of the efficiency of the anesthetic block, we performed pulsed radiofrequency (PRF) on the anterior cutaneous branch. The nerve was located by ultrasound guidance and sensitive neurostimulation (50Hz, 0.3–0.5V) prior to the treatment (3x2 min, 45V, 42°C). Successful response was considered as a $\geq 50\%$ pain reduction on the VAS at 6 months.

Results 6 patients responded positively to the rectus sheath block. For each of these patients, the effects of PRF were effective for up to 6 months. Conversely, the rectus sheath block failed for 3 patients. Additionally, PRF was ineffective for each of those 3 patients.

Conclusions These results suggest that rectus sheath block is a promising avenue for the diagnosis of ACNES. Confirmation of these results in larger cohorts may lead to improved guidelines for the clinical care of patients with ACNES.

B380 THE USE OF ORT QUESTIONNAIRE AS A SCREENING TOOL FOR CHRONIC NON CANCER PAIN, IN GREEK PATIENTS, PRELIMINARY AND SECONDARY RESULTS

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Background and Aims The purpose of this research was to implement a screening tool for the risks associated with the use of opioid prescription drugs for the treatment of chronic non-cancer pain in clinical medical practice. The expectation of the tool chosen (Opioid Risk Tool/ORT) was to be weighted in Greek patients with the aim of successfully applying it as a method for preventing aberrant behaviors such as abuse and addiction that can bring significant problems to the patients.

Methods In the study participated patients who came for examination and treatment at the Pain Clinic and the Orthopedic Clinic of the same hospital. All patients would experience chronic pain of various etiology, they were asked to complete the ORT and received opioid medication based on a personalized approach of their pain level and other accompanying symptoms. The patients were monitored for aberrant behaviors after their first visit.

Results The preliminary results showed that men (n = 23, 36.5%) are more likely to have at least one aberrant behavior compared to women (n = 28, 22.6%), $\chi^2(1) = 4.085$, $p = 0.043 < 0.05$. Secondary evaluation is on the run and is meant to be completed and the data processed by the end of May 2022.

Conclusions The predictive ability of the tool was confirmed in both men and women. Success was evaluated on the basis of the ability of the ORT tool to be developed, applied and used in a Greek patient population.