Conclusions In conclusion, we propose that botulinum toxin can be a therapeutic option for persistent headaches associated with COVID-19. However, future research studies are required to clarify this possibility.

**B384** PERIPHERAL NERVE BLOCKS IN THE OUTPATIENT PAIN CLINIC OF UNIVERSITY HOSPITAL OF LARISSA DURING THE PANDEMIC

D Papaspyrou, M Ntalouka, A Tsialta*, A Charalabidou, A Michou, A Petriti, M Barea, E Amatouglou. Department of Anesthesiology, University Hospital of Larissa, Larissa, Greece; Department of Anesthesiology, Faculty of Medicine, School of Health Sciences, University of Thessaly, Larissa, Greece

Background and Aims Chronic pain management has been challenging during the pandemic, as all non-urgent healthcare services were imposed, leading to reduction or interruption of all outpatient and elective interventional procedures. We describe our experience regarding the use of Peripheral Nerve Blocks (PNBs) in the Outpatient Pain Clinic of UHL during 2021.

Methods A retrospective analysis of our database was performed. All patients who were treated with PNBs under ultrasound guidance were eligible. The cause of chronic pain, the type of PNB and the improvement of pain measured by Pain Outcomes Questionnaire (POQ) were recorded.

Results Sixteen patients were treated with PNBs in 2021. Five patients were treated for lower back pain, one for coccydynia, one for shoulder pain, two for chronic postoperative pain after total knee replacement, two after inguinal hernia repair and one after ear syndrome. The blocks that were used were sacroiliac joint block, coccygeal nerve block, interscalene block, the combination of adductor canal and IPACK, the combination of ilioinguinal and ilio-hypogastric blocks and the stellate ganglion block, Bier’s block and the greater auricular nerve block respectively. Based on the POQ, in all patients the pain was reduced by 20 – 60%.

Conclusions During the challenging time of the pandemic the Outpatient Pain Clinic of our Hospital treated drug-resistant patients with PNBs in terms of escalation of the multimodal pain approach.

**B385** SPHENOPALATINE GANGLION BLOCK: “A NOVEL ARROW IN THE QUIVER” AGAINST CHRONIC MIGRAINE

S Papantonaki*, P Vardakis, A Lappa, E Gavrilaki, A Dragatsiki. General Hospital of Agios Nikolaos, Agios Nikolaos, Greece

Background and Aims Migraine is a common headache, affecting 11% of the adult population worldwide and causing significant disability. Although, there are many treatment options, these are often inadequate and with significant side effects. Transnasal sphenopalatine ganglion block (TSGB) seems to be an effective treatment for migraine, with minimal side effects. This report aims to present the results of TSGB therapy on twelve patients with chronic migraine in our Pain Department.

Methods Our team studied twelve patients, admitted to the Pain Department of GHAN, complaining about chronic migraine. After detailed history taking and based on the Simplified Diagnostic Criteria for Migraine, the diagnosis of chronic migraine was confirmed. According to patients, treatment with simple analgesics and triptans was ineffective and the decision for TSGB therapy was made. Each patient received 0.6 ml of 2% lidocaine in each nostril using the Tx360EU device. TSGB was applied every two weeks, for a total of three months.

Results Intending to evaluate the efficacy of TSGB, we assessed the recurrence rate of migraine attacks and pain intensity of each episode using the Numerical Pain Rating Scale (NPRS) on the fourth, sixth and twelfth week after the first session. Five out of twelve patients referred complete recession of migraines, while six out of twelve referred progressively significant reduction of the frequency of attacks and over 50% reduction of pain intensity in each episode. Only one patient referred no benefit from the therapy.

Conclusions TSGB is a simple, effective and painless modality for the management of chronic migraine, with minimal side effects.