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

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10.1136/rapm-2022-ESRA.460

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 described 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 upper extremity fracture, one for lower extremity complex regional pain syndrome (CRPS) and one for red 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

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10.1136/rapm-2022-ESRA.461

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.

**B386** APPLICATION OF RADIOFREQUENCY IN THE TREATMENT OF CHRONIC OCCIPITAL NEURALGIA: A REPORT OF TWO CASES

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10.1136/rapm-2022-ESRA.462

Background and Aims Occipital Neuralgia (ON) is defined as unilateral or bilateral paroxysmal, shooting or stabbing pain in the posterior part of the scalp, representing approximately 4% of all cranial neuralgias. This report aims to present the effects of Radiofrequency ablation (RFA) of occipital nerves in two patients with chronic ON.

Methods We present the case of two female patients (48 and 53 years old), admitted to our Pain Clinic, complaining about ON, refractory to medical treatment (NSAIDs, Paracetamol, Triptans) for over 30 years. They referred over 15 episodes per month of sharp pain located occipitally, radiating frontally and at the cervix and characterized by paresthesias occipitally. After diagnostic blocks of greater (GON) and lesser (LON) occipital nerves we decided the application of RFA of these nerves. Peri-procedurally, the patients remained in the sitting position, with the cervix slightly flexed. After local infiltration, a 500mm, 22G, RF-Cannula (DIROS) with a 5mm active tip was placed at the point one-third medially of the way between the occipital protuberance and the mastoid process (for GON) and another one at the point two-thirds of the way between the inion and the mastoid process (for LON) bilaterally. After conduct sensory testing, Pulsed RF-thermocoagulation was initiated at 42°C for 10 minutes.

Results Seven days post-procedurally both patients presented completely relieved of headaches, stating complete return to everyday life. One month post-procedurally they referred amelioration of ON attacks and discontinuation of complementary medical treatment.