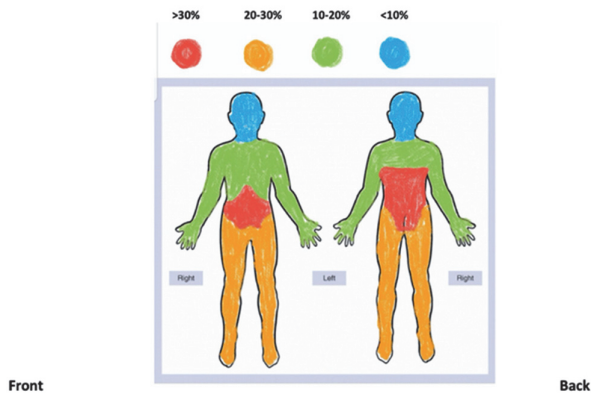


Methods 58 patients were reviewed in the clinic over an 18-month period. This included a range of oligometastatic (79%) and polymetastatic (21%) presentations.

Cancer treatments such as radiotherapy and chemotherapy were outlined as well as the current analgesia patients were using to manage their pain.

A composite body map was generated, summarising the frequency of pain reports at different anatomical locations (Figure 2).

Figure 2: A composite body map displaying the frequency of pain reports at different sites



Abstract B390 Figure 2

Results 81% trialled anti-neuropathic agents and 58% antidepressants. 29% of patients had an opioid consumption of greater than the maximum oral equivalent of morphine recommended by the British Pain Society (>120mg/daily). 74% patients were selected for advanced pain management procedures.

Conclusions Our data highlights the need and utility of a multi-specialty neuromodulation and neuroablative cancer pain service, which aligns with the recommendations made in the recently published Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting Disease.

B391 HIGH CERVICAL STIMULATION FOR FACIAL PAIN AND CERVICOGENIC HEADACHES: CASE SERIES

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Background and Aims A considerable number of patients suffering with cervicogenic headaches, occipital neuralgia, and facial pain due to various causes may not respond to standard medical therapy. High cervical spinal cord stimulation (SCS) may be a promising new therapy option.

Methods We present our experience of four cases.

Results 1st Case: A 44 y old female suffering with left-sided occipital, shoulder and facial pain due to trigeminal neuropathy was implanted with two eight-contact leads (tip at C1). With burst stimulation for facial pain and paraesthesia for the occipital and shoulder pain she reported 80% pain relief at 18 months.

2nd Case: A 42 y old male, was implanted with SCS for right brachialgia, neck pain and occipital neuralgia following a right C5/6 foraminotomy and decompression. He received a right sixteen-contact lead and a left eight-contact lead with (tip at C1). After 6 months he reported 80% pain relief with subperception stimulation (contour/microburst).

3rd case: A 52 y old male suffering with right occipital pain and dysesthesia after right shoulder decompression, was implanted with two eight-contact leads (tips at C2). A month post implantation he reported 90% pain relief with subperception stimulation.

4th case: A 33 yr old lady with sustained neuropathic pain of the left maxillary(V₂) and mandibular(V₃) nerves and limited mouth opening, was implanted with a sixteen-contact lead (tip at C1/C2). Following instigation of subperception burst stimulation she reported 90% pain relief and improved mouth opening.

Conclusions All our patients report excellent pain relief with high cervical SCS with posterolateral lead placement for occipital and facial neuropathic pain and cervicogenic headaches.

B392 TIETZE SYNDROME: CONSERVATIVE AND INTERVENTIONAL TREATMENT OF A RARE CHRONIC PAIN SYNDROME

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Background and Aims Tietze syndrome is characterized by swelling of sternocostal junction and is a rare cause of unilateral thoracic pain. The pain may radiate in the arms, and can be prescribed as stabbing, dull or tingling. Here we report the case of a 64 year-old woman, presenting in our outpatient pain management center two years ago.

Methods The woman was referred to our center by a thoracic surgeon, with the diagnosis of Tietze syndrome. She reported pain (intensity 8/10 almost constantly) with neuropathic elements (DN4 6/10) that started 18 months prior and worsened over time. The pain was located around the 2nd sternocostal joint and radiated in the upper right hemisternum. She had already been treated with the maximum daily doses of NSAIDs, pregabalin and p.o. opioids with minimal effects. Imaging of the area(CT,MRI) showed no pathological findings.

Results Since the patient had already been treated with numerous p.o. medications with no relief, we decided to perform a PEC I block under ultrasound guidance. 15 ml ropivacaine 0,375% and 8mg of dexamethasone were injected and no complications were reported. A significant improvement was reported, with the patient grading her pain 2–3/10. After 3 months her pain gradually began to increase, and is scheduled for a new PEC I block, and will be assessed for potential RF ablation of the intercostal nerves.

Conclusions Rare chronic pain syndromes many times pose challenges in the efficient management of the patient. If the pharmacological approach does not aid, invasive methods could provide a better result.