REPORT
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Background and Aims Pain caused by neural compression can be challenging to treat, especially in patients who poorly tolerate opioid analgesic and co-analgesic therapy. We report a patient with inoperable chordoma of the lumbar spine who experienced adequate pain relief with epidural analgesia.

Methods A 61-year-old male patient with local recurrent chordoma of the L2 vertebra presented with pain in the area of the coccyx. He stated severe burning pain that wasn’t significantly relieved with different combinations of oral, intravenous, and transdermal opioids, non-opioid analgesics, and co-analgesic. He poorly tolerated oral co-analgesics and reported intense nausea and epigastric pain after opioid intake. The epidural catheter was inserted with a cranially oriented Tuohy needle between the fourth and fifth lumbar vertebra, but it was not possible to place a catheter deeper than 1–2 cm in the epidural space. There was no pain relief on local anesthetic administration. The next day, the catheter was removed and placed again in the same level, but with a caudally oriented Tuohy needle. After the first epidural bolus, adequate pain control was achieved.

Results In the next period, epidural boluses of levobupivacaine and morphine were administered 2–3 times a day ensuring satisfactory pain control. Additionally, oral treatment with pregabalin was introduced. The epidural catheter was left in situ for 3 weeks, reducing the pain and allowing pregabalin to reach its full potential in treating neuropathic pain.

Conclusions Epidural analgesia via a downward-directed catheter should be considered in patients in whom standard placement of the catheter is disabled with tumor masses.

THE REVISED TARGETED GENICULAR NERVE BLOCK TECHNIQUE FOR PAIN AND FUNCTION IN KNEE OSTEOARTHRITIS

Background and Aims Chronic knee osteoarthritis (OA) is a progressive multifactorial disease, and the pain and loss of function are the predominant clinical presentations. Advances in targeting anatomical landmarks using US devices provides more accurate placement of the needle and updates in revised anatomical targets can maximize the efficacy of genicular nerve blocks. Herein we report a revised US guided 5 genicular nerves technique for the treatment of chronic knee pain.

Methods We performed revised US guided 5 genicular nerves technique in five patients with chronic knee pain due to OA. In addition to the most targeted nerves including the superior medial, superior lateral and inferior medial genicular nerves; the recurrent fibular nerve and the infrapatellar branch of the saphenous nerve are targeted by using high-frequency (6–13 Hz) linear transducer. For each target, a fluid mixture of 2 mL: bupivacaine%0.25 and 4 mg dexamethasone was administered.

Results The mean NRS score declined from 7.6±1.14 to 3.2 ±1.3, 3.2±1.3 to 1.6±0.54 at in movement and at rest, respectively, at 3 months. Also, all patients WOMAC scores have improved (Table 1).
Conclusions In this report, we showed that the revised 5 gen-
icular nerve technique provided pain relief and improved func-
tional capacity in patients with chronic knee pain due to
knee OA for 3 months after the procedure.

B399 PERSISTENT HORNER’S SYNDROME FOLLOWING LOWER
CERVICAL GANGLION BLOCK UNDER ULTRASOUND
GUIDANCE

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Background and Aims Horner’s Syndrome is a possible side
effect following lower cervical ganglion block which may last
up to 8–12 hours (1). We describe a case where lower cervi-
cal ganglion block was performed to alleviate sympathetically
maintained pain of the right wrist (1,2). In this case, the
Horner’s syndrome lasted for 16 days before it subsided
completely.

Methods A 21 years old woman with diagnosis of sympatheti-
cally maintained pain of her wrist, underwent lower sympa-
thetic ganglion block under ultrasound guidance as a day case
procedure without sedation. A total amount of dexamethasone
6,6 mg (2 ml) and L-Bupivacaine 0,25% (3 ml) were injected
via in plane approach after negative aspiration. The procedure
was uneventful and no pain or paresthesia were reported dur-
ing the 16 days and no other intervention was necessary.

B400 THE USE OF STRETCHING TECHNIQUES IN THE
MANAGEMENT OF NON-SPECIFIC CHRONIC LOW BACK
PAIN PATIENTS: A SYSTEMATIC REVIEW OF THE
LITERATURE

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Background and Aims Low Back Pain is a common muscu-
keletal condition with an extremely complicated and unclear
pathogenesis and in more than 85% of the cases, no clear
underlying cause can be identified. In order to be classified as
a chronic pain syndrome the symptoms must last for more
than twelve weeks and is then defined as non – specific
chronic Low Back Pain (nsLCBP) and often leads to disability.
The aim of this systematic review is to investigate the effect-
iveness of stretching on specific outcomes and to propose
specific dose parameters for this technique

Methods Systematic searches were conducted on 4 databases,
Pubmed, Science Direct, Scopus κατ Πεδρο. All experimental
RCTS investigating the effectiveness of stretching techniques
either as a stand-alone treatment technique or as part of a
treatment program were included in this review

Results Sixteen RCTs met the inclusion and exclusion criteria
and were included in this review. The results of these studies
indicate that ST either as a standalone treatment or as part of
a treatment program decrease pain, disability and depression
and on the other hand increase Range of Movement, func-
tionality and Quality of Life compared to baseline measure-
ments. An effective treatment program should incorporate
supervised ST techniques within 12 treatment session once per
day unsupervised.

Conclusions The findings of this review support the recom-
 mendations of Clinical Guidelines regarding the use of ST in
the treatment of nsLCBP showing improvement in pain, dis-
ability, depression, Range of Movement, functionality and
Quality of Life.

B401 IS THERE A ROLE FOR PAIN NEUROSCIENCE
EDUCATION IN THE MANAGEMENT OF CHRONIC PAIN
PATIENTS? A SYSTEMATIC REVIEW OF THE LITERATURE

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Background and Aims Chronic pain can contribute to disabil-
ity, depression, anxiety, sleep disturbances, poor quality of life
and increased health care costs. Chronic pain is a complex.
The growing consensus indicates that the best approach to
treatment involves the combination of pharmacological and