Conclusions In this report, we showed that the revised 5 gencular nerve technique provided pain relief and improved functional 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 cervical 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 sympathetically maintained pain of her wrist, underwent lower sympathetic 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 during the block. Horner’s syndrome was observed 8 min later. Vital signs remained within normal limits until her discharge after 2 hours.

Results On 6th day the patient reported signs and symptoms of persistent Horner’s syndrome along with generalised symptoms of fatigue and dizziness which subsided completely on 16th day. Although slight blurred vision persisted, she was prescribed glasses for underlying astigmatism by the ophthalmologist recently. She was noticed significant improvement in pain and hand function.

Conclusions There was not an obvious cause to provoke any kind of injury on the sympathetic fibres. Possible causes could be the microtrauma/ischemia from the needle tip(3), the high injection pressure and the toxicity from local anaesthetic(4,5). However, the Horner’s syndrome subsided spontaneously after 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 musculoskeletal 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 chronic pain the symptoms must last for more than twelve weeks and is then defined as non – specific chronic Low Back Pain (nsLBP) and often leads to disability. The aim of this systematic review is to investigate the effectiveness of stretching on specific outcomes and to propose specific dose parameters for this technique.

Methods Systematic searches were conducted on 4 databases, PubMed, Scopus Direct, Scopus and Pedro. 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, functionality and Quality of Life compared to baseline measurements. 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 recommendations of Clinical Guidelines regarding the use of ST in the treatment of nsLBP showing improvement in pain, disability, depression, Range of Movement, functionality and Quality of Life.
Background and Aims Immunoglobulins (IG) are widely used for the treatment of a variety of immune-mediated diseases. The exact mechanism of action remains unknown, but IG modulate the expression and function of Fc receptors, interfere with activation of the complement and production of cytokines, neutralize pathogenic autoantibodies and affect the activation and effector functions of B and T lymphocytes. Immunoglobulins are usually delivered intravenously and they are effective in ameliorating motor symptoms and/or preventing disease progression in immune-mediated neuropathies including Guillain-Barré syndrome (GBS) and chronic inflammatory demyelinating polyneuropathy (CIDP).

The aim of this systematic review and meta-analysis was to study the potential of IG for the treatment of peripheral neuropathic pain (PNP).

Methods We performed a systematic literature search in the PubMed database. We also looked for unpublished or ongoing trials in clinicaltrials.org. PNP reduction following IG treatment had to be within the aims (primary or secondary).

Results The above-mentioned literature search strategy revealed 5 studies (2 open label, 3 randomized placebo-controlled) eligible to be included. The pooled estimate of the percentage of patients with PNP who received immunoglobulins and reported pain relief was found to be 65% (95% CI 58% – 71%). As demonstrated in the forest plot (Figure 1), the likelihood of achieving pain relief with immunoglobulin treatment was 2.9 times higher (95% CI 1.6 – 5.2) in comparison to placebo (p=0.0003).

Conclusions The use of IG for the treatment of PNP has a potential therapeutic benefit. Further studies across patients with different types of PNP are needed to better characterize this effect.