the pain remained controlled with oral medication only. Phantom pain never recurred during the one-year follow-up.

Conclusions Peripheral nerve blocks are valuable techniques in phantom pain management. A single-shot nerve block may relieve phantom pain for an extended period and allow patients to return to work.

B404 INTERVENTIONAL TREATMENT OF CHRONIC PAIN IN PATIENT AFTER THORACOTOMY APPROACH CASE REPORT

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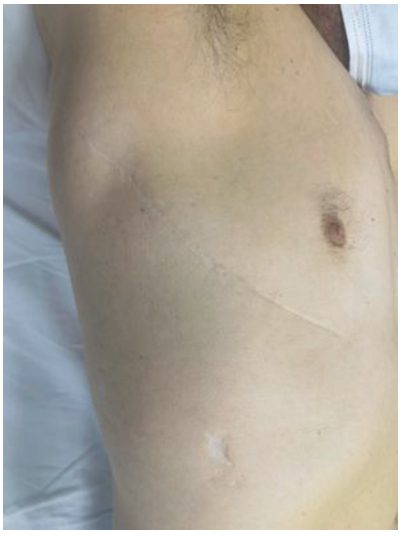
10.1136/rapm-2022-ESRA.480

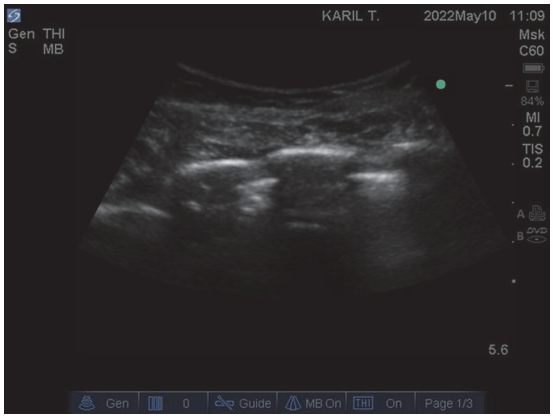
Background and Aims Open thoracotomy is accompanied by severe postoperative pain. In 5–65% of patients who undergo rib retraction during surgery there is intercostal nerve damage, which will lead to chronic intercostal pain[1,2].

Ultrasound guided ntercostal block is an effective method of interventional treatment of this type of pain.[3]

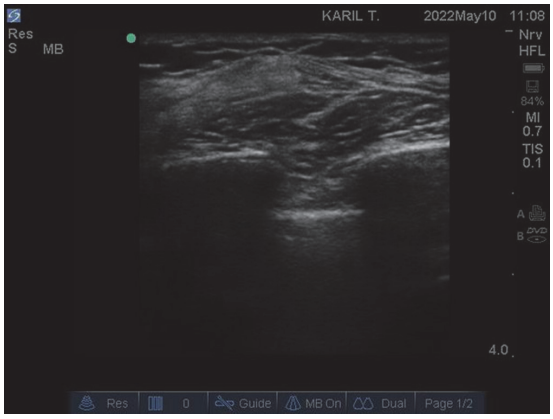
Methods We will describe a case of a 56-year-old patient who underwent open thoracotomy 4 years ago due to surgical treatment of lung cancer. Postoperatively, the patient had chemotherapy and radiotherapy. Also, postoperatively, intercostal pain occured at the site of thoracotomy, which extended to the anterior thoracic wall and mamilla of the mammary gland. The patient described the pain as severe burning. He was initially treated by an oncologist with non-steroid anti-inflammatory drugs, opiates but the pain only subsided, never disappeared. Methadone tolerance developed which the patient has been taking in drops for 4 years and the patient was extremely incapable of performing everyday activities.During ultrasound examination we found that there was a significant narrowing of the intercostal space at the site and level of thoracotomy (Figure 1 and 2). We performed ultrasound guided intercostal block and applied 5 ml of bupivacaine 0.5% and 4 mg of dexamethasone. (Figure 3)



Abstract B404 Figure 1



Abstract B404 Figure 2



Abstract B404 Figure 3

Results Within 15 minutes after performing the block, the patient's pain completely subsided. The patient was followed for a period of 30 days, he reported no pain and subsequently did not use analgesics at all.

Conclusions Ultrasound-guided intercostal block applied with a small volume of local anesthetic and corticosteroid is an effective treatment for chronic intercostal pain.

B405 CUMULATIVE RADIATION DOSE EXPOSURE IN FLUOROSCOPY-GUIDED EPIDURAL INTERLAMINAR LUMBAR STEROID INJECTIONS

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10.1136/rapm-2022-ESRA.481

Background and Aims Fluoroscopy-guided epidural interlaminar steroid injections (FEISI) widely used for managing low back pain (LBP). There is lack of data on cumulative radiation dose (CRD) in patients receiving more than one FEISI (1).

it is very important to determine CRD for three consecutive FEISI and to define factors that correlate with higher dose area product (DAP) or prolong fluoroscopy time (FT).