

## Abstract B9 Table 2

Table 2: SF-36, NDI and patient satisfaction parameters

	RIB	ESPB	p
<b>SF-36, PCS</b>			
Pre-treatment	32.0 ± 3.6	31.0 ± 4.4	0.33
6 weeks	41.7 ± 6.2	39.5 ± 5.1	0.13
p-value	<0.001	<0.001	
<b>SF-36, MCS</b>			
Pre-treatment	35.8 ± 3.8	36.6 ± 3.5	0.39
6 weeks	44.0 ± 5.4	41.5 ± 4.2	0.05
p-value	<0.001	<0.001	
<b>NDI</b>			
Pre-treatment	21.03 ± 4.24	20.16 ± 3.25	0.37
6 weeks	12.07 ± 5.65	11.20 ± 6.73	0.87
p-value	<0.001	<0.001	
Patient Satisfaction	4.60 ± 0.50	4.67 ± 0.55	0.60

Values are presented as mean ± standard deviation. SF-36: short form-36, MCS: mental component score, PCS: physical component score, NDI: neck disability index.  $p < 0.05$  was accepted as statistically significant.

**Conclusions** With this study, we show that ESPB and RIB blocks will be effective in reducing pain and disability and improving quality of life in MPS patients.

B11

### PONG, THE POSTERIOR (PERICAPSULAR) NERVE GROUP RADIOFREQUENCY AS POSSIBLE ADJUNCT TO TREAT CHRONIC HIP PAIN

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**Background and Aims** Chronic hip pain is a cause of disability and costs. There are some available options to treat this condition, such as radiofrequency ablation or chemical denervation. An innovative approach to treat posterior hip pain due to inoperable femur fracture has recently been described [1].

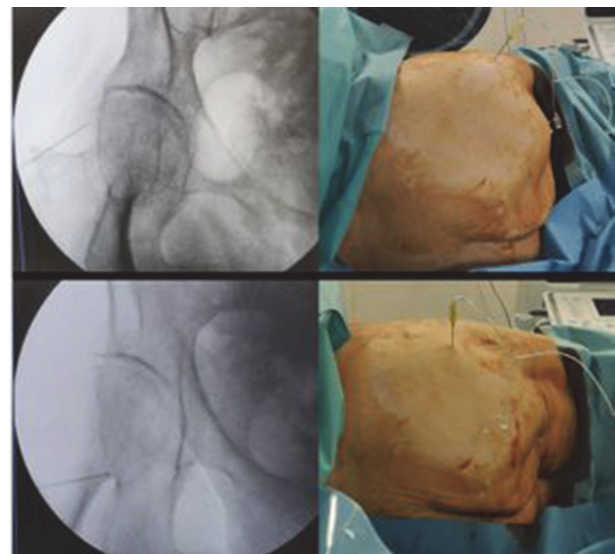
We share a strategy to manage severe chronic hip pain in an old patient unwilling to undergo hip surgery.

**Methods** Firstly, a test with a PENG block combined a posterior approach (PONG) has been performed. The PONG was administered with the same technique described for hip surgery [2,3]. After the positive test response, the patient underwent anterior and posterior hip radiofrequency (RF) ablation/neuromodulation.

Anterior RF ablation has been performed under ultrasound and fluoroscopic guidance as per current recommendations.

Posteriorly, a variant of the Kwung-Tung approach was used under RF stimulus guide, locating two different spots. Under ultrasound, the inferior spot corresponded to the capsule deep to the quadratus femoris, while the superior spot corresponded to the superior-posterior border of the acetabulum. Pulsed RF until 42°C for 5 minutes was performed posteriorly on each spot.

NRS was registered before the procedure, and after a one-month follow-up.



Abstract B11 Figure 1

**Results** Previous patient's NRS score was 7 for static pain in sitting position, and 9 for dynamic pain. After one month, static NRS decreased to 2, while dynamic pain was 6. No adverse effects were reported.

**Conclusions** The combination of anterior and posterior RF intervention on chronic hip pain provided a viable alternative in a patient unwilling to undergo hip surgery.