

(n=10), and intrathecal catheter (n=1) (table 2). Reduced dose of bupivacaine was common, and few complications were reported.

**Abstract EP139 Table 1** Case reports with general anesthesia in parturients with achondroplasia. GA = gestational age, NA = Not Available. CD = cesarean delivery. RSI = rapid sequence induction

Table 1: Case reports with general anesthesia in parturients with achondroplasia. GA = gestational age, NA = Not Available, CD = cesarean delivery, RSI = rapid sequence induction.

Case No.	GA	Weight	Height	GA	CD	RSI	Outcome	Comments
1	32	60	145	NA	NA	NA	Successful	General anesthesia with rocuronium and propofol
2	31	55	140	NA	NA	NA	Successful	General anesthesia with rocuronium and propofol
3	33	65	150	NA	NA	NA	Successful	General anesthesia with rocuronium and propofol
4	30	50	135	NA	NA	NA	Successful	General anesthesia with rocuronium and propofol
5	34	70	155	NA	NA	NA	Successful	General anesthesia with rocuronium and propofol

**Abstract EP139 Table 2** Case reports with neuraxial anesthesia in parturients with achondroplasia. GA = gestational age, CSE = combined spinal-epidural, NA = not available, CD = cesarean delivery

Table 2: Case reports with neuraxial anesthesia in parturients with achondroplasia. GA = gestational age, CSE = combined spinal-epidural, NA = not available, CD = cesarean delivery.

Case No.	GA	Weight	Height	GA	CD	RSI	Outcome	Comments
6	32	60	145	NA	NA	NA	Successful	Combined spinal-epidural anesthesia with bupivacaine
7	31	55	140	NA	NA	NA	Successful	Combined spinal-epidural anesthesia with bupivacaine
8	33	65	150	NA	NA	NA	Successful	Combined spinal-epidural anesthesia with bupivacaine
9	30	50	135	NA	NA	NA	Successful	Combined spinal-epidural anesthesia with bupivacaine
10	34	70	155	NA	NA	NA	Successful	Combined spinal-epidural anesthesia with bupivacaine

**Conclusions** Despite the risks attributed to general anesthesia in parturients, it was historically the preferred anesthetic management in achondroplastic patients due to unpredictable spinal anatomy and unreliable local anesthetic spread. We describe a review of the literature in which neuraxial anesthesia is increasingly more common and a viable option in carefully selected parturients with achondroplasia. Reduction of intrathecal local anesthetic that minimizes the risk of high spinal and emergent intubation, as well as a titratable neuraxial technique can be effective in this patient population.

**EP140 COMPARISON OF INTRA-ARTICULAR CORTICOSTEROID VERSUS INTRA-ARTICULAR PLATELET RICH PLASMA (PRP) FOR PAIN RELIEF IN OSTEOARTHRITIS KNEE**

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**Background and Aims** In osteoarthritis (OA), injectable medications like platelet rich plasma (PRP) or corticosteroids, causing regenerative changes are palliative and preventive against replacement surgeries. This study aimed to compare the efficacy of a single intra-articular dose of PRP to single intra-articular corticosteroid for the treatment of moderate knee OA.

**Methods** Patients aged 40-70years with knee OA grade II/III (Kellgren-Lawrence classification) were enrolled. Refusal to consent, varus/valgus knee deformity, rheumatoid arthritis,

hemophilia, previous knee surgery, drug or alcohol addiction, use of anticoagulant or nonsteroidal anti-inflammatory drugs in previous 7 days were the exclusion criteria. Patients were divided into two groups: Group A (corticosteroid group) and Group B (PRP group). Both groups were assessed for pain VAS score, functional WOMAC score and ultrasound guided femoral cartilage thickness.

**Results** After ethical approval, 68patients were included, 34 in each group. Both groups were statistically comparable for age, BMI, baseline VAS and WOMAC score, preintervention femoral cartilage thickness. The mean VAS and WOMAC score was significantly lower in group B at 3 and 6 months compared to group A. The mean changes in VAS and WOMAC scores from preintervention to 1, 3 and 6 month were significantly improved in both groups. There was no change in mean femoral cartilage thickness at 6month from baseline in both groups.

**Conclusions** Single intra-articular PRP injection showed better improvement in pain and functional score than corticosteroid injection. Improvement started one month after injection and best improved pain scores were seen at six months. PRP as a treatment option for OA knees has promising outcomes.

**ePoster session 5 – Station 1**

**EP140 THE USE OF ARTIFICIAL INTELLIGENCE IN CANCER-RELATED PAIN MANAGEMENT**

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**Background and Aims** Cancer-related pain is a significant problem for patients, and traditional pain management methods often fall short. The use of AI has the potential to improve pain management and patient outcomes. This study aimed to evaluate the efficacy of an AI-based pain management system for cancer patients.

**Methods** A randomized controlled trial was conducted in China with 100 cancer patients experiencing moderate to severe pain. The intervention group received pain treatment using AI-based system, while the control group received standard pain management. Pain levels were measured using a visual analog scale, and quality of life was assessed using the EuroQol 5-Dimension questionnaire.

**Results** The AI-based pain management system demonstrated a significant reduction in pain levels compared to standard pain management (p < 0.001). patients in the intervention group also reported higher levels of quality of life than the control group (p < 0.001).

**Conclusions** By offering tailored treatment regimens and real-time monitoring of symptoms and side effects, the application of AI in cancer-related pain management has the potential to enhance the lives of many cancer patients. However, there are also several challenges that must be addressed and overcome in order to ensure safe and effective implementation of AI-based pain management systems. Future research should focus on verifying and improving AI models, developing ethical and equitable frameworks for the use of AI in healthcare, and exploring new applications of AI in cancer-related pain management.