

anesthesia in specific populations, we believe that its safety in patients with AS should be formally evaluated.

#34885 AN UNUSUAL COMPLICATION OF TSUI TEST: A CASE REPORT

Sanjib Adhikary*, Marc Royo, Marina Tumino. *Penn State Milton S. Hershey Medical Center, Hummelstown, USA*

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Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims The Tsui test, also known as the epidural electrical stimulation test (EEST) is a simple, safe, and reliable method for objective assessment of correct thoracic epidural catheter placement with a sensitivity and specificity of 80-100% to 91.6-100%. Test uses low-amplitude electrical current applied to an epidural catheter and conducted through a column of saline to elicit a motor response

Methods We present a 61-year-old female, undergoing the repair of recurrent ventral incisional and parastomal hernia. After obtaining written consent the patient was positioned sitting on the bed. The epidural was placed at T9 level. A spring-loaded catheter was advanced without any resistance into the epidural space and Tsui test was performed to define the tip of the catheter. A positive motor response was detected at 3mA at patient's upper abdomen. Several seconds after initiation of nerve stimulation patient became bradycardic. Heart rate decreased from 61 to 38 bpm and blood pressure decreased from 153/78 to 92/38. Pacer spikes were noted on a monitor preceding each QRS complex. The patient remained bradycardic and did not recover immediately after the stoppage of electrical stimulation. Glycopyrrolate 0.2 mg was administered which improved the patient's symptoms. The patient tolerated the test dose and epidural throughout the course of her stay. The patient was discharged home without any complications on post op day 3rd.

Conclusions We suggest that immediate availability of rescue medications like glycopyrrolate, atropine, along with vasopressors in patients undergoing epidural catheter placement using Tsui test as additional safety measure should be followed routinely.

#36004 ONCE IN A BLUE MOON: POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME AFTER AN HYSTERECTOMY UNDER GENERAL ANESTHESIA AND EPIDURAL ANALGESIA – CASE REPORT

Diogo Nunes Correia, David Silva Meireles*, Cristina Salta, Teresa Rocha. *Anesthesiology, Centro Hospitalar Universitário de Lisboa Central, Lisboa, Portugal*

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Background and Aims Posterior Reversible Encephalopathy Syndrome (PRES) is characterized by neurological symptoms

and white matter edema on neuroimaging studies. While many etiologies and risk factors have been described, its pathophysiology remains unclear.

Methods A 50-year-old woman was admitted with an abnormal vaginal bleeding due to a large uterine fibroid causing severe anemia (Hemoglobin: 2g/dL). She was otherwise healthy. Over the next ten days, she received a total of five packed red blood cell units. Twelve days after admission, she was submitted to an uneventful hysterectomy under general anesthesia and epidural analgesia. Postoperative analgesia was maintained with ropivacaine 0,1% through an epidural drug infusion balloon at 5cc/h which was removed 48 hours after the procedure. Three days after surgery, she developed headaches and vomiting followed by altered mental status, focal neurological deficits and seizures. She was treated with anti-epileptic medication, supportive care and transferred to an ICU. Neuroimaging ruled out a stroke and revealed typical findings of PRES. Within a week the neurological deficits fully reversed and the patient was discharged from the hospital.

Results Although it is associated with hypertension, PRES is also linked to polytransfusion and.

Conclusions A wide array of etiologies and risk factors are associated with PRES and a literature review is required to better understand this syndrome in the perioperative period, including its relationship with central nerve blocks.

#36239 ULTRA-LOW-DOSE CONTINUOUS SUBARACHNOID BLOCK IN HIP SURGERY: A CASE REPORT

¹Cidália Marques, ²Francisco Sousa*, Ana Coutinho. ¹*Anesthesiology, Hospital da Senhora da Oliveira Guimarães, Guimarães, Portugal;* ²*Anesthesiology, IPO de Lisboa, Lisboa, Portugal*

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Background and Aims Hemodynamic instability during general anesthesia or after neuraxial anesthesia in patients with severe cardiac disease is a major concern. Continuous spinal anesthesia offers the advantage to use lower dose of local anesthetic (LA) and titrate as needed while maintaining hemodynamic stability. In this report, we describe the use of ultra-low-dose continuous subarachnoid block for an urgent hip hemiarthroplasty.

Methods A 87-year-old male patient, ASA physical status IV, with hypertension, diabetes mellitus, hypercholesterolemia, severe peripheral arterial disease, symptomatic severe aortic stenosis (valvular area 0,72cm²) and disseminated prostate cancer. He was proposed to urgent hip hemiarthroplasty. The patient and his family were informed about the high risk of the procedure and the consent form was obtained. ASA standard monitoring with invasive blood pressure monitoring was established. A catheter was introduced 3 cm in the subarachnoid space with a paramedian approach and 10mcg of fentanyl and 2 mg of isobaric bupivacaine 0,5% were administered through the subarachnoid catheter.

Results The surgery was performed in the left lateral position and lasted 70 minutes without need for further intrathecal administrations. There was requirement for small boluses of ephedrine due to progressive blood pressure drop during the procedure. The catheter was removed in the PACU.