

### #35100 SPINAL ANAESTHESIA FOR HYSTEROSCOPY IN A PATIENT WITH NEUROMYELITIS OPTICA SPECTRUM DISORDER (DEVIC'S DISEASE)

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

**Background and Aims** Neuromyelitis Optica Spectrum Disorder (NMOSD) is described as an autoimmune disease causing the inflammation of astrocytes. This demyelinating disease of the central nervous system affects the spinal cord and the optic nerve, causing neuritis of one or another. The effect of local anaesthetics in patients with demyelinating diseases is not as predictable as in healthy patients and might lead to prolonged nerve block duration.

**Methods** A 51-year-old female patient suffering from Devic's Disease presented in our anaesthesia clinic prior to hysteroscopy. In the light of her medical history, including COPD and obesity (BMI 36.7, 165 cm, 100 kg), we decided to perform a spinal anaesthesia using a short-acting local anaesthetic in the hope of preventing long block duration. The spinal anaesthesia was performed with a 25G spinal needle and 3.5 ml of Prilocaine 2% (Takipril).

**Results** The extent of the block reached TH 8 level, lasting for 5 hours. Against our expectations, the block did not show a sufficient effect as the patient felt uncomfortable having minor pain perception – although the initial expansion of the block began in a typical manner. A general anaesthesia became necessary during the operation. This is in complete contrast to the experiences of her previous spinal anaesthesia, showing a sufficient block with a duration of 20 hours.

**Conclusions** Spinal anaesthesia seems to be a viable option for patients with NMOSD. The manifestation of a nerve block remains somewhat unpredictable in this case. Sufentanil or morphine might be expedient adjuncts.

### #36002 VALUE OF UNILATERAL SPINAL ANAESTHESIA FOR HIP FRACTURE SURGERY IN THE ELDERLY (75 CASES)

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**Background and Aims** While in Western countries, unilateral spinal anaesthesia has been widely practiced for a long time, it remains little known in the local anaesthesia community, and has not been the object of many studies. However, it is a simple, practical and effective technique. Our objective was to evaluate this practice in emergency anaesthesia management in frail patients and to compare it with conventional spinal anaesthesia.

**Methods** This is a prospective, observational, comparative study between hypobaric unilateral and conventional spinal

anaesthesia for hip fracture surgery carried out in the operating room of the university military hospital of Staoueli. The work was spread over of 12-month period from 2019 to 2020. The parameters analyzed were hemodynamic variations, vasopressor use, block efficiency, postoperative adverse events, and postoperative morphine consumption.

**Results** -75 cases (mean age 72±14 years) -Group1= 41 patients (54.6%) divided into (ASA1=14.6% ASA2=60.98% ASA3=24.39%) single shoot spinal anaesthesia -Group2= 34 patients (45.3%) divided into (ASA1=2.9%, ASA2=26.4% ASA3=61.7%, ASA4=8.8%) unilateral hypobaric spinal anaesthesia. -Hemodynamic variations were more severe in group 1 (51% hypotension) compared to 30% in group 2 RR=1.69 and odds ratio=2.4 – these variations were more marked in the ASA3 subgroup (group 1=70% hypotension versus group 2=30%) with an RR=2.33 and an odds ratio=5.44 -39% of group 1 required vasoactive drugs (15mg +/- 11) versus 32% of group 2 (8mg+/- 6.49) – no difference in the use of morphine in post-op.

**Conclusions** Within the limits of the population studied, this work demonstrates the clinical value of unilateral spinal anaesthesia in ortho-trauma surgery in the frail patient.

**Attachment** unilatéral hypobaric spinal anaesthesia.pdf

### #36293 SPINAL EPIDURAL HEMATOMA AFTER FAILED ATTEMPT OF SPINAL ANAESTHESIA: A RARE CASE REPORT

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**Background and Aims** Spinal epidural hematoma is a rare but potentially devastating complication of regional anaesthesia. Symptomatic SEH accounts for less than 1% of all spinal space-occupying lesions and affects only 1 per 1 million people annually. The incidence of SEH after neuraxial anaesthesia has historically been approximated to be less than 1 in 220,000 patients. We report a case of SEH, to highlight the importance of early diagnosis and surgical intervention.

**Methods** An 85-year-old patient underwent surgery to repair a medial malleolus fracture, under general anaesthesia, after multiple unsuccessful attempts for subarachnoid anaesthesia. Past medical history included hypertension, dyslipidemia, hypothyroidism, and lumbar stenosis. On the 2nd postoperative day, she presented with muscle weakness, followed by paraparesis and impaired sensation of the lower limbs bilaterally. The magnetic resonance imaging (MRI) revealed a spinal epidural hematoma compressing the spinal cord toward the L1 vertebral body. On the same day, the patient underwent surgical spinal decompression.

**Results** Immediately postoperatively, the patient showed neurological improvement as evidenced by symptoms and imaging improvement and followed rehabilitation protocol. After 3 months follow up, she is discharged from hospital and able to walk with help.