



Abstract #36523 Figure 1 Area of pain before (blue) and after (green) ultrasound-guided SNC block technique

Conclusions Neuropathic pain is a major form of chronic pain with profound physical and psychological impact and it's often challenging to manage due to its diversity of mechanisms and patients' responses. In this case the SCN block provided the patient an effective pain relief due to the nerves contribution to the affected area, perhaps underlying a neuropathy-mediated SCN pain, which may benefit of longer relief with radiofrequency.

#35977 PERIPHERAL NERVE STIMULATION IMPLANT FOR CHRONIC POST-TRAUMATIC HIP AND PELVIC PAIN

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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)

Background and Aims We present a case of a 67-year-old female with a history significant for a mechanical fall causing injury to her lumbar spine and pelvis resulting in hip and pelvic pain. Nine months after her injury, X-ray imaging demonstrated hypertrophic non-union of the right iliac wing fracture and displacement of pubic symphysis and right sacroiliac joint. She had pain in her low back, which radiated to the right lateral aspect of the buttock and groin, and pelvic pain. She was unable to consider surgery and her pain was not well managed with medications, thus she presented to the pain management clinic.

Methods The patient underwent diagnostic obturator and femoral articular nerve branch injections and she also a middle cluneal nerve steroid injection under fluoroscopic and ultrasound-guidance and reported improvement in her pain. She had a peripheral nerve stimulator (PNS) trial and subsequent implantation with leads to the right middle cluneal nerve and right obturator and femoral articular nerve branches.

Results The patient reported significant relief in both the posterior and anterior distribution of her pain. Her ADLs improved with PNS implantation and she reported that she is now able to sleep without pain.

Conclusions Through the use of combined fluoroscopy and ultrasound we were able to safely target the middle cluneal nerve and the obturator and femoral articular nerve branches. We were able to reliably replicate the patient's pain distribution with neurostimulation before permanently implanting the PNS. This case demonstrates the successful use of PNS in treating chronic post-traumatic hip and pelvic pain.

Attachment pns.pdf

#36063 WHEN THE THORACIC MRI EXPLAINS THE UPPER EXTREMITY SYMPTOMS

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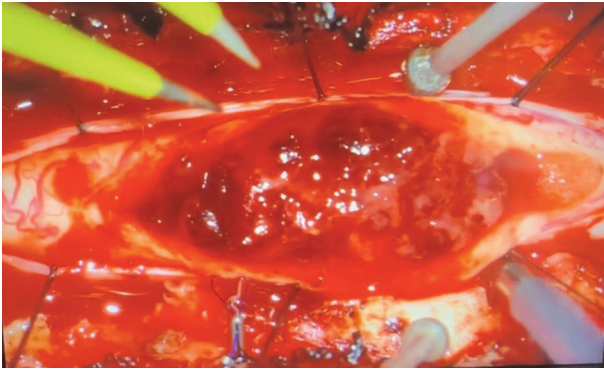
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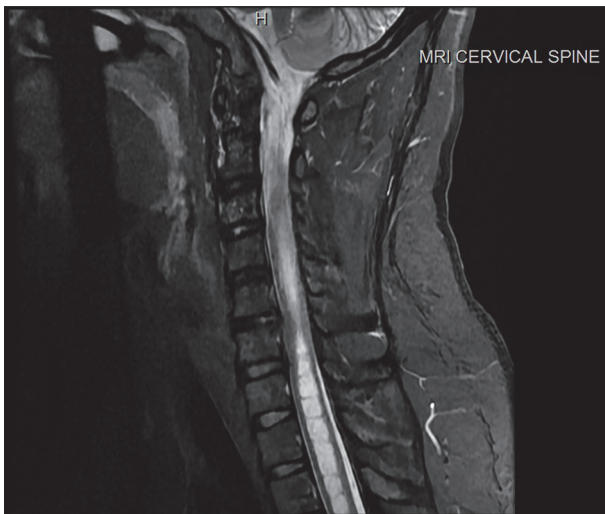
Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims Syringomyelia is characterized by the presence of spinal cord cavitation. It has multiple causes and is most commonly seen in association with Chiari I malformation. In these patients, the distribution of symptoms sometimes correlates with the anatomical location of the spinal cavitation. Dyesthesia is found in slightly less than half of the patients and it responds unpredictably and often poorly to currently available treatments. We present a case in which the dyesthesia could have been attributed to cervical syringomyelia, but the cause of this spinal finding remained elusive.

Methods 36-year-old female with history of Meniere's disease and carpal tunnel syndrome presenting with numbness and tingling in her right arm and bilateral lower extremities for 1 year. She also reports having pain in her right arm, but not her legs. An MRI of the cervical spine showed central and right paracentral cervical spinal cord edema with small caliber syrinx from the levels of upper C3 through C6/7, moderate sized syrinx with the right hemi cord at C7 and partially visualized large multiseptated syrinx within the upper thoracic spinal cord from T1-T4. Her brain MRI ruled out Chiari's malformation. A thoracic MRI found continuation of the syrinx and a mass at the level of T9. The patient underwent resection of the mass.



Abstract #36063 Figure 1 Tumor



Abstract #36063 Figure 2 Cervical spine MRI



Abstract #36063 Figure 3 Thoracic spine MRI

Conclusions Spinal cord ependymoma is a rare tumor and surgical resection has been established as first-line treatment and can be curative. This case illustrates that a complete spinal

MRI is advisable when symptoms partially match the anatomic location but not the cause.

Attachment tumor.jpg

#36427 TREATMENT OF NEUROPATHIC PAIN IN THE IMMEDIATE POSTOPERATIVE PERIOD WITH PERINEURAL CATHETER

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Background and Aims Continuous peripheral nerve blocks are an alternative for analgesia in situations where a single dose of local anesthetic is insufficient. There are numerous indications for this type of block, including phantom limb pain.

Methods We present the case of a 35-year-old man, with no medical history of interest, who suffered trauma in the left arm with multiple fractures and section of the left brachial artery. Supracondylar amputation of that arm was performed. In the immediate postoperative period, the patient presented intense pain (VAS scale of 8 that did not respond to NSAIDs or intravenous opioids) of the upper extremity, for which it was decided to place a supraclavicular catheter with continuous infusion of 0.2% ropivacaine, with good pain control, associated with intravenous analgesia. 24 hours later, the patient reported a sensation of phantom limb pain in the amputated region, so 300 mg of Gabapentin were added to the treatment.

Results Phantom limb pain appears in up to 80% of amputee patients. 75% of patients who develop it do so in the first week after amputation. Perineural blocks have been described as a good alternative for the treatment of phantom limb pain, as well as for acute pain after amputation surgery.

Conclusions Despite the numerous interventions that are proposed for the treatment of phantom limb pain, there is no single treatment that is completely effective, which is why multimodal treatment is necessary. Disabling phantom limb pain usually decreases in intensity over time, so an early approach allows better pain control in its early stages.

#36470 HIP DENERVATION FOR CHRONIC PAIN MANAGEMENT DUE TO CONGENITAL HIP DISLOCATION

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Congenital hip dislocation (CHD) is caused by abnormal formation of the hip joint during early