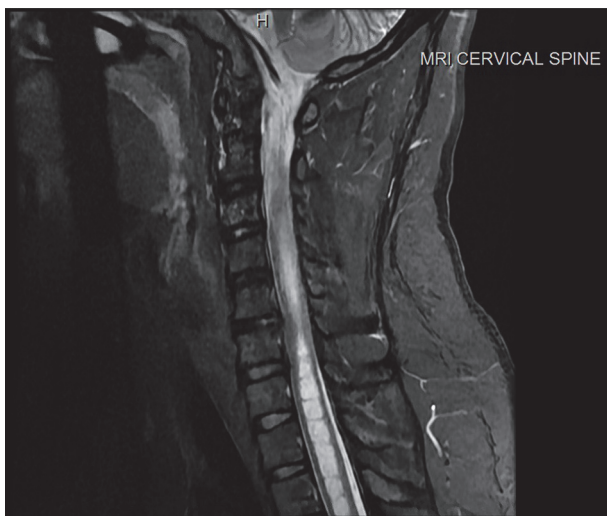
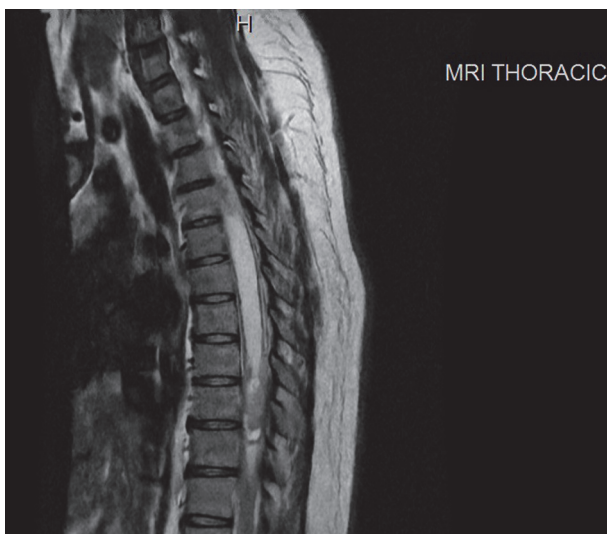


Abstract #36063 Figure 1 Tumor



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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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 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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10.1136/rapm-2023-ESRA.356

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 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

stages of fetal development. Patients with this disorder may have recurrent hip surgeries and may need physical therapy in the following years. The aim of this case report is to raise awareness among doctors, that hip denervation can be used in pain management for the rehabilitation of patients with congenital hip dislocation.

Methods After repeated hip surgeries, limitation of hip joint mobility developed in a 27-year-old female patient with congenital hip dislocation (figure 1). Due to her pain, she could not receive restricted treatment and could not continue physical therapy. Repetitive Pericapsular nerve group (PENG) blocks (bupivacaine%0.125 + methylprednisolone 40mg mixture) were applied to the patient under USG guidance, and the pain was relieved for a limited time. A permanent pain relief therapy was sought. Sensory branches of the obturator and femoral nerve pulsed radiofrequency (PRF) (for 6 minutes at 42 degrees) which is called hip denervation, were applied to the patient for long-term pain management under fluoroscopy guidance.

Results After the intervention, the patient's pain decreased and she was able to continue physical therapy and exercise. At the 6th month follow-up, the patient's pain was under control. No procedural adverse event was noted.



Abstract #36470 Figure 1 Patient with congenital hip dislocation

Conclusions The use of this hip denervation technique for hip pain control is evolving. In our experience, percutaneous radiofrequency lesioning of the sensory branches of the nerves innervating the hip joint can be an option for patients with intractable hip joint pain.

#36256 PATIENT WITH A RADIAL NERVE MONONEUROPATHY WHO ACHIEVED SUSTAINED, LONG-TERM PAIN RELIEF FOLLOWING TEMPORARY PLACEMENT OF A SPRINT PERIPHERAL NERVE STIMULATOR

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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 Here we present a forty-five-year-old, right hand dominant male who suffered a traumatic right forearm crush injury while using a cement mixer. Following multiple orthopedic procedures and superficial radial nerve neuroma excision, he developed chronic neuropathic pain in

his right forearm. He was refractory to conservative treatments and continued to experience this pain for fifteen years before being referred to our Pain Clinic. He reported that the ongoing pain affected his quality of life and hindered his occupation as a welder.

Methods His exam was consistent with a right radial nerve mononeuropathy and he was offered a temporary peripheral nerve stimulator (PNS). Ultrasound was used to identify the right radial nerve 10 cm proximal to the patient's elbow. Local anesthetic was used to numb the desired entry site, with care taken to avoid administering local anesthetic near the target site which can obscure response to neurostimulation. Following successful test stimulation the lead was deployed. Repeat stimulation and ultrasound imaging confirmed successful placement, and following device management education, the patient was discharged.

Results The patient achieved complete resolution of his neuropathic pain during 60-day stimulation and sustained relief at one year follow-up.



Abstract #36256 Figure 1 Ultrasound image of the PNS MicroLead deployed via introducer sheath 4mm from the right radial nerve

Conclusions Peripheral nerve stimulation should be considered for patients with neuropathic pain in which the target nerve can be identified. Interventional pain physicians should work to further disseminate the utility of PNS in hopes that future patients do not have to suffer for 15 years before being referred to a pain clinic.

#36412 INVESTIGATING THE IMPACT OF ANTIDEPRESSANTS ON U.S. VETERANS PAIN MANAGEMENT IN ORDER TO REDUCE OPIOID USE DISORDERS

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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 Currently, the opioid crisis in the U.S. is considered an epidemic with the veterans being one of the populations affected. Due to system neglect for appropriate treatment of patients with PTSD and chronic non-cancer pain, patients with newly prescribed Opioid Analgesic Use (OAU) continue with chronic usage. The goal of the study is to