

#36497 BOTULINUM TOXIN INFILTRATION AS AN OPTION FOR TREATMENT OF PERSISTENT HEADACHE ASSOCIATED WITH COVID-19. CASE REPORT

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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 apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims Different descriptions of long COVID have already been proposed, and the most common description includes symptoms lasting for over three months after the first symptom onset. One of the most frequent symptoms identified, besides fatigue and dyspnoea, is a new daily persistent headache. We describe a case of persistent headache associated with COVID-19, which had a poor response to pharmacological treatment. The patient scored a pain of 8 points in Visual Analog Scale (VAS). It was a widespread—affecting frontal, temporal, and occipital area—pulsating quality headache that worsened with mild physical activity.

Methods Since Botulinum toxin type A has been used to treat chronic migraine for over a decade, we decided to try this therapeutic option after proving that the response to local anesthetics was positive. She responded satisfactorily to bilateral greater occipital nerve block and infiltration of the frontal and temporal muscles with local anesthetic and corticosteroids, with an improvement during approximately 48 hours. Two weeks later, we administered by ultrasound guidance 20 IU of botulinum toxin near the greater occipital nerve, and performed a mapping with botulinum toxin by administering it at different points: both trapezius, splenius, frontal muscles, bilateral orbicularis and bilateral temporal and parietal muscles

Results After seven days, the patient reported improvement of the symptoms (VAS 3) that were still present one month later. **Conclusions** In conclusion, we propose that botulinum toxin can be a therapeutic option for persistent headaches associated with COVID-19. However, future research studies are required to clarify this possibility.

#36245 TREATMENT OF NEUROPATHIC PAIN WITH PERIPHERAL NERVE BLOCK: CASE REPORT

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Background and Aims Intraoperative nerve injuries caused by the patient's positioning are surgery's undesirable complications, that might occur despite preventive measures and lead to sensory and motor deficits and neuropathic pain. This work aims to describe a clinical case of a patient who developed neurological deficits in the territory of the common

peroneal nerve (CPN) after a meningioma's excision. The patient gave consent to this clinical case presentation.

Methods A 49-year-old woman underwent a temporal meningioma removal. In the postoperative period, the patient developed incapacity of dorsiflexion of the feet bilaterally and intense neuropathic pain (8/10), with a daily sensation of electric shocks and burning. The electromyography test revealed signs of bilateral involvement of the CPN, above the peroneal head, with severe axonal damage, more significantly at the left side. The patient was initially prescribed with a therapeutic plan that included gabapentin and physiotherapy, showing mild benefits. However, although presenting a moderate improvement of the neuropathic pain, the patient maintained a relevant and disabling clinical condition. Therefore, a peroneal nerve block (PNB) was proposed.

Results The patient underwent an ultrasound-guided bilateral PNB, administering 2 ml of 0.2% ropivacaine and 20 mg of methylprednisolone on each side. The patient described an immediate improvement in the neuropathic pain score (2-3/10) and could walk without crutches. In the following months, the patient referred a sustained improvement in the pain score and autonomy.

Conclusions These results show that ultrasound-guided blockade using 0.2% ropivacaine and methylprednisolone could be a safe and effective treatment in patients with nerve injury and neuropathic pain.

#36418 POSTERIOR PERICAPSULAR DEEP-GLUTEAL BLOCK IN ADDITION TO THE PENG BLOCK FOR CHRONIC HIP PAIN: A CASE REPORT AND CLINICAL OUTCOMES

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Background and Aims Hip osteoarthritis management primarily focuses on rapid symptom control including pain alleviation and functional improvement. Ultrasound-guided regional anesthesia techniques targeting the branches of the anterior lumbar plexus have been performed in providing pain relief in chronic hip pain. However, despite these approaches, patients may experience residual posterior hip pain, which can be attributed to the posterior nerve supply of the hip. We present a case report of chronic hip pain successfully managed with posterior pericapsular deep-gluteal (PPD) block in addition to pericapsular nerve group (PENG) block.

Methods A 56-years old patient with a history of total hip arthroplasty presented to our pain clinic. In spite of medication and physiotherapy management, the patients' numeric rating score was 6 at rest and 8 during movement. After three repeated PENG blocks within a one-month period, the pain localized to the posterior hip region. Consequently, we decided to perform PPD block (figure 1). Written consent was obtained from patient for the procedure and future publication.

Results After administering the PPD block in addition to the PENG block, the patients' NRS scores decreased to 2 at rest