

and 4 during movement. Additionally, the patients' functional capacity scores showed improvement (table 1).

**Conclusions** An additional PPD block can be beneficial in patients with residual posterior hip pain, even when anterior approaches have been performed. We suggest that PPD block targeting the superior gluteal nerve, nerve to the quadratus femoris muscle, and sciatic nerve in addition to the PENG block can be performed for more complete analgesia in chronic hip pain.

**#35733 AN EPISODIC CASE OF SHORT LASTING UNILATERAL NEURALGIFORM HEADACHE WITH CONJUNCTIVAL INJECTION AND TEARING (SUNCT) AFTER OPHTHALMIC SURGERY**

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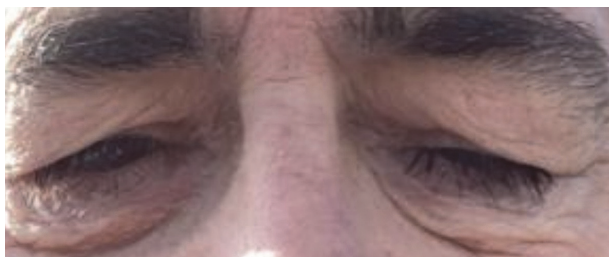
10.1136/rapm-2023-ESRA.368

**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** Short-lasting unilateral neuralgiform with conjunctival injection and tearing (SUNCT) is a rare cause of facial pain. It has been associated with vascular abnormalities, intracranial masses and trauma but can occur de novo. We share a case of SUNCT which presented after surgery for retinal detachment.

**Methods** The patient was followed up weekly over telephone consultation. A pain and symptom diary was kept until resolution.

**Results** A 64 year old man underwent retinal surgery for retinal detachment under sub-tenons block. His past medical history included migraine with aura and ocular migraine. On the evening of day 0 the attacks began to occur. They were described as lasting 45-60 seconds total with a maximum severity on the numerical rating scale (NRS) of 9. The pain built up in a crescendo during the attack and the pain was described as stabbing and spasmodic in the orbital region. There was associated autonomic features which included conjunctival injection, tearing, rhinorrhoea, forehead sweating and ptosis. Neuropathic features included hypersensitivity over the ipsilateral forehead. During the cluster of attacks, another could be initiated through palpation over the orbital and temporal region. There were 50-100 attacks daily which clustered over 3-4 hour periods typically in the evening. He was reviewed by the eye clinic on day 1 who advised cyclopentolate and ibuprofen to no effect. The attacks resolved by day 16.



**Abstract #35733 Figure 1** Left sided Ptosis Day 14

**Conclusions** SUNCT can be initiated by peripheral causes as suggested here and in the literature. Therefore it may be an underreported problem after ophthalmic and craniofacial surgery.

**Attachment** DH SUNCT ptosis.pdf

**#36496 MANAGEMENT OF POST-PAIN PROCEDURE HICCUPS: A SYSTEMATIC REVIEW**

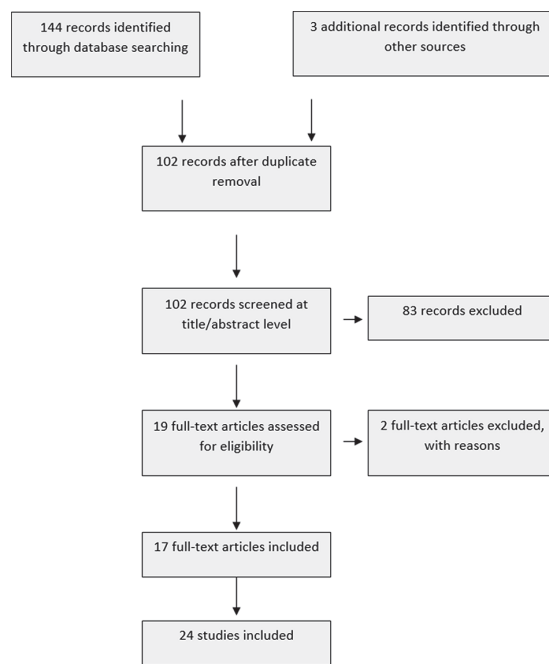
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**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

**Background and Aims** Hiccups, which can be quite debilitating, have been reported after interventional pain procedures (IPPs); however, the association between the two remains unexplored.

**Methods** A comprehensive search was carried out in PubMed, Cochrane, Ovid, and DOAJ to identify case reports and case series reporting the occurrence of hiccups after IPPs since inception to May 27, 2023. Two reviewers parallelly screened the studies using predetermined inclusion and exclusion criteria. After quality assessment, a standardised template was used to extract data from each study, including study characteristics and type of IPP; approach, region, and drugs used in the procedure; management details; and outcome. A descriptive analysis of the extracted data was then carried out. Chi-square tests of association and Fisher's exact tests were conducted where appropriate.



**Abstract #36496 Figure 1** PRISMA flow diagram depicting the study selection process