

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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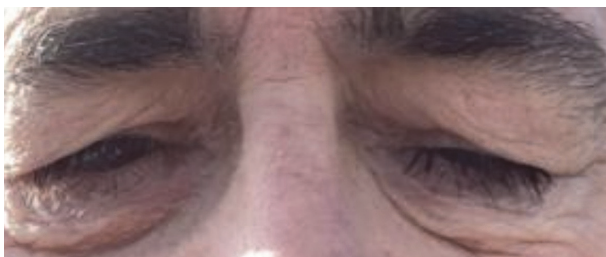
10.1136/rapm-2023-ESRA.368

**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**

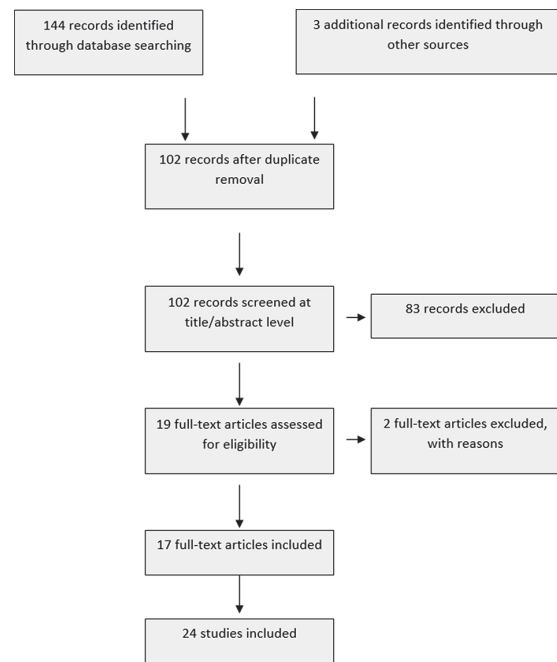
<sup>1,2</sup>Prabhleen Kaur\*, <sup>3,2</sup>Ratnadeep Biswas, <sup>3,2</sup>Vishnu Shankar Ojha, <sup>4,2</sup>Priyali Singh. <sup>1</sup>Department of General Surgery, Saint Mary's Hospital, Waterbury, Connecticut, USA; <sup>2</sup>The Hive Research Program, India, India; <sup>3</sup>Department of Internal Medicine, All India Institute of Medical Sciences, Patna, Patna, India; <sup>4</sup>Department of Internal Medicine, Prateek Medical Center, Basti, Uttar Pradesh, India

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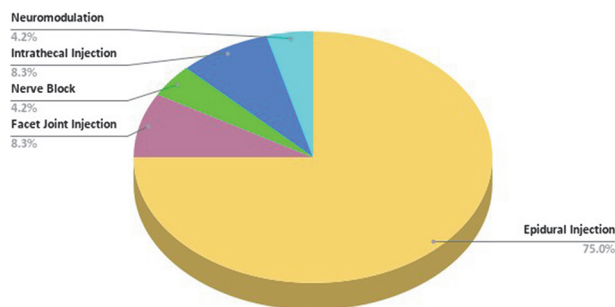
**Please confirm that an ethics committee approval has been applied for or granted:** Not relevant (see information at the bottom of this page)

**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.

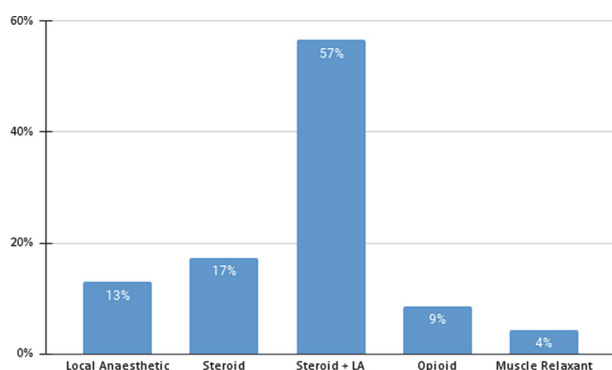
**Methods** A comprehensive search was carried out in PubMed, Cochrane, Ovid, and DOAJ to identify case reports and case series reporting the occurrence of hiccups after IPPs since inception to May 27, 2023. Two reviewers parallelly screened the studies using predetermined inclusion and exclusion criteria. 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



**Abstract #36496 Figure 2** Frequency of interventional pain procedures resulting in hiccups



**Abstract #36496 Figure 3** Classes of drugs used for the interventional pain procedures

**Results** 147 articles were screened, out of which 130 were excluded, and thus, a total of 17 articles containing 24 case studies were finally included in the review (figure 1). Among the various IPPs, epidural injections were responsible for the highest number, i.e., 18 (75%) cases of hiccups, 10 (55%) of which were given in the lumbar region. A combination of steroids with local anaesthetics was the most frequent culprit leading to hiccups, wherein betamethasone and dexamethasone, and lidocaine and bupivacaine were the most common steroids and local anaesthetics, respectively (figures 2 and 3). Two-thirds of the cases required pharmacotherapy for the resolution of the hiccups.

**Conclusions** Hiccups should be acknowledged as an adverse effect following IPPs, requiring the formulation of a protocol for their management.

**#36141** **ERECTOR SPINAE PLANE BLOCK FOR THE MANAGEMENT OF POSTSURGICAL THORACIC PAIN IN A YOUNG PATIENT WITH OVARIAN CANCER**

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10.1136/rapm-2023-ESRA.370

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 don't wish to apply for the ESRA Prizes

**Background and Aims** Chronic pain represents a significant burden for patients, healthcare systems and society, given its impact on quality of life. Erector spinae plane block (ESPB) was rapidly adapted in clinical practice and numerous cases have been published presenting its effectiveness not only in acute but also in chronic pain.

**Methods** We present the case of a 39 year old patient with ovarian cancer who developed neuropathic thoracic pain after cytoreduction. She reported constant burning and stabbing neuropathic pain of 10/10 severity on the NRS pain scale, radiating from her spine into the anterior chest wall, mainly at T6 and extending several dermatomes inferiorly. She suffered from significant sleep disturbances and impairment of quality of life. Physical examination revealed allodynia and hyperesthesia over the affected dermatomes with a primary trigger point over the T6 dermatome, 3 to 4 cm lateral to the neuraxial midline. Pain management up to that point had included Pregabalin 300 mg, Tramadol 150mg, Paracetamol 3gr and Duloxetine 60mg daily at the time of consultation, with no improvement.

**Results** We performed a ESPB and we injected 0,2% Ropivacaine 20 ml. Within 20 minutes of the block, the patient had obtained complete relief of pain, with an NRS of 0/10 which lasted until now.

**Conclusions** The erector spinae block has gained attention as a potential option for chronic pain management, particularly for conditions involving the thoracic or lumbar spine. ESPB has shown promise in providing long-term pain relief in some cases of chronic neuropathic pain.

**#36320** **LUMBAR ARTERY INJURY FOLLOWING LUMBAR SYMPATHETIC BLOCK: HOW SERIOUS IS THE SITUATION?**

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10.1136/rapm-2023-ESRA.371

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** Lumbar sympathetic block is a recommended treatment for post amputation stump pain. Here we present a case complicated by retroperitoneal hematoma due to lumbar artery injury.

**Methods** A 69-year-old man had a below-knee amputation because of trauma 25 years ago and had severe stump pain that had been increasing for 1 year. Medical treatment was not sufficient and he was scheduled for right lumbar sympathetic block and radiofrequency procedure. Right L2 and L3 lumbar sympathetic block and pulse radiofrequency was performed. L4 lumbar sympathetic blok was attempted but was not successful due to encountering nerve root.

**Results** After 6 hours patient applied to emergency service for severe right leg and groin pain and dizziness. On examination, abdominal distension, defense and rebound were observed and Hb decrease was detected in blood tests. During follow-up in the emergency room, hypotension and confusion developed. Computed tomography revealed right retroperitoneal hematoma.