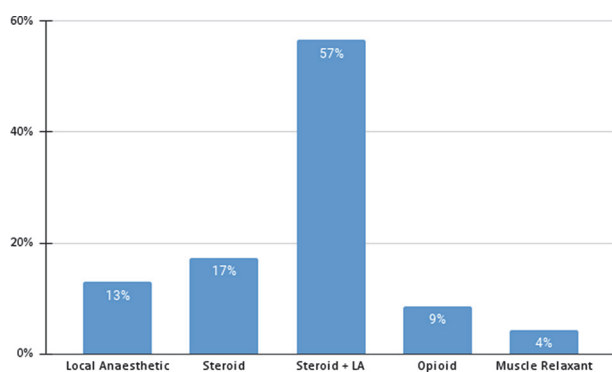


Abstract #36496 Figure 2 Frequency of interventional pain procedures resulting in hiccups



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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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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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.