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 anesthetics was the most frequent culprit leading to hiccups, wherein betamethasone and dexamethasone, and lidocaine and bupivacaine were the most common steroids and local anesthetics 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.

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 neuroaxial 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.

**Abstract #36320**

**LUMBAR ARTERY INJURY FOLLOWING LUMBAR SYMPATHIC 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 retroperitoenal 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 block 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 retroperitoenal hematoma.
The patient was taken to the post-anesthesia care unit and angiographic imaging was planned as an emergency. Selective right lumbar artery angiography and embolization were applied to the L4 level by the interventional radiology team. Control abdominal ultrasound revealed no active bleeding. The vital signs of patient was stable and discharged after 2 days. He had no pain but nausea and fatigue. Follow up for hemodynamic state is going on.

Abstract #36320 Figure 1  CT imaging of the hematoma area observed at the level of the 4th lumbar vertebra. It measured 16 cm in widest diameter

Abstract #36320 Figure 2  Angiographic imaging of active bleeding from the distal lumbar artery

Abstract #36320 Figure 3  Leakage in the lumbar artery stopped after embolization and was confirmed by angiographic imaging

Conclusions  Interventional pain procedures around spine demand extra care to avoid the aorta related vascular structures. Lumbar artery injury after sympathetic block is a rare complication and selective anjography and embolisation is a life saving procedure.

#35874  CAUDAL-EPIDURAL PRF IN COMBINATION WITH LUMBAR SYMPATHETIC BLOCK AND INTRATHECAL DEXMEDETOMIDINE FOR INTRACTABLE MALIGNANT PSOAS SYNDROME PAIN: 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  Malignant psoas syndrome (MPS) is associated with proximal lumbosacral plexopathy and characterized by severe intractable pain, despite multi-modal medical treatment. Spinal dexmedetomidine and lumbar sympathetic nerve block in combination with Pulsed radiofrequency (PRF) are rarely performed for intractable lumbosacral plexopathy pain. We present a combination of spinal dexmedetomidine, lumbar sympathetic nerve block and caudal-epidural PRF in the management of MPS, refractory to medical and physical treatment.