**Background and Aims**

Caudal epidural blockade (CEB) is a technique also used in chronic pain management. Although fluoroscopy is the gold standard technique, ultrasound gained popularity due to its high success rates, accessibility and lower radiation exposure.

**Methods**

53-year-old man with low back pain radiating to his right leg for six months with paresthesias, difficulty in gait and decreased sleep quality. Lumbar MRI revealed disc protrusions at levels L4-L5, L5-S1 and electromyography showed signs of acute on chronic root distress of the right L5 nerve. One month of physiotherapy and oral analgesia showed no improvement and the patient was waiting for a neurosurgery consultation. We proposed a CEB which the patient consented to.

**Results**

CEB was performed with the patient in prone and standard ASA monitoring. The sacral hiatus was identified using a linear probe in transverse and longitudinal planes. An ultrasound-guided longitudinal in-plane approach was performed using a 21G needle. After puncturing the sacrococcygeal ligament a solution of 2mL 2% lidocaine, 6mg betamethasone and 8mL saline was administered. Unidirectional flow was confirmed using color Doppler mode. No complications were reported. One month later, the patient returned reporting marked pain relief, normalized gait pattern, and reduced frequency of physiotherapy. He had the neurosurgery consultation, but surgery was delayed due to lack of clinical criteria. After four months the patient remained pain-free.

**Conclusions**

- Ultrasound demonstrates high success rates in CEB.
- Ultrasound allows for lower radiation exposure with more accessible equipment.
- CEB is effective in treating refractory low back pain and can delay or avoid more invasive procedures.

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Conclusions In this case, the altered neural firing following tumor resection of anterior cingulate cortex may lead to central sensitization and pathological pain perception. Possible mechanisms of pain relief may involve an increase in inhibitory synapses projecting from frontal cortex to spinal-thalamic-cortical pathway by superior frontal gyrus hemorrhage. This suggests that superior frontal gyrus is an important region in the central pain processing pathway and provides new insight into central pain treatment.

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Background and Aims Cervical Facet Syndrome (CFS) is a frequent cause of neck pain. Invasive measures include radiofrequency and cryoablation, however, there is scarce literature about cryoablation in CFS situations. We present a case of a patient with CFS, who underwent cryoablation of the medial branches of the right posterior roots of C4-C7.

Methods A male patient, 71 years, with history of hypertension, reported neck pain for 4 years, more intense on the right side, although radiating to the left upper limb (peak 8). A TC scan revealed ‘reduction of the left conjugation channel, possible left C6 commitment’. On clinical exam, he had pain on palpation of the cervical spinal apophyses, all cervical spine arch movements were painful, and the spurling test was negative.

Results After a positive diagnostic blockade of the medial branches of the right C4-C7 posterior roots, the patient had a pain recurrence after 1 week (peak 5). For this reason, we opted for re-intervention, performing ultrasound-guided, with neurostimulation, cryoablation of the same nerves, uneventfully, pain 0 at the end of the procedure.