



Abstract #36370 Figure 2 CRPS



Abstract #36370 Figure 3 CRPS

Conclusions Two persons of this group had a recurrence of acute episode after six months; they were treated in the same way, but only one of them had a benefit. The other one was a 12-year-old young woman that had particular psychological characteristics, such as kinesiophobia for this reason she followed a psychological and cognitive-behavior treatment.

Attachment WhatsApp Image 2023-02-02 at 17.44.28 (8).jpg

#35519 QUADRATUS LUMBORUM PHENOL NEUROLYSIS, AN UNDERRATED ALTERNATIVE IN MALIGNANCY

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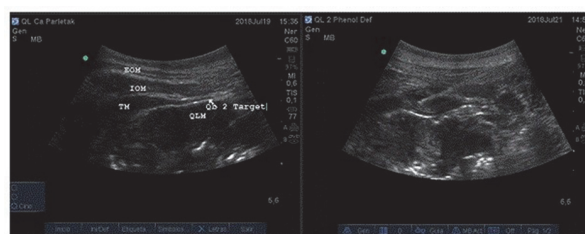
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Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims The analgesic cornerstone in cancer pain are opioids(1), in some cases interventional-pain-management is recommended(2). The Quadratus lumborum block (QLB) has shown benefits for abdominal wall(3), parietal and neuropathic pelvic pain(4). Its analgesic extends effect from T7-L1(5) this is explained by the relationship between the transverse fascia and the endothoracic fascia(6). Safety of phenolization has been described in cancer(7). We present a case report of QL2 phenolization for cancer pain.

Methods This is a case of a 66-year-old male patient with malignant colonic cancer, metastatic to pancreas, spleen and abdominal wall, with intractable severe pain. A diagnostic QLB-2 was proposed because he refused any continuous neuraxial procedure. We proceeded under ultrasound-guide, in plane with a sham-rock approach, with 20mL bupivacaine 0.5% with 50 mg of triamcinolone (figure 1A). After 48 hours a neurolytic phenol injection was administered, with identical technique only bupivacaine was replaced by 20ml phenol 10%. (figure 1B).

Results The patient's reported 70% dynamic and 80% on static decrease in pain on VAS for 48 hours and 42% oxycodone daily dose reduction with QL-2 block, 80% decrease in dynamic and 90% at rest pain during 10 days and 40% reduction in oxycodone dose with neurolysis. Unfortunately, due cluster symptoms he required intermittent sedation 2 weeks and past away.



C



Abstract #35519 Figure 1 A: EOM: external oblique muscle, IOM internal oblique muscle, TM transverse muscle, QLM quadratus lumborum muscle. B: ultrasound guidance showing free liquid around needle tip. C: CT scan shows abdominal wall metastatic collections

Conclusions This case is a novel use for QLB-2 as an anatomical target for neurolytic procedures for abdominal cancer pain relief. Further trials are needed for to highlight the role of this procedure for a more widespread use.

Attachment Phenol neurolysis QL-2.pdf

#36247 **GLUCAGON-LIKE PEPTIDE-1 ANALOGUE IN THE MANAGEMENT OF REBOUND INTRACRANIAL HYPERTENSION: A CASE REPORT**

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Background and Aims Rebound intracranial hypertension (RIH) is a complication in patients with spontaneous intracranial hypotension (SIH) following surgical repair of a cerebrospinal fluid (CSF) dura leak. Patients suffer from debilitating headache in supine position, that is usually temporarily, but could last for years. Typically, acetazolamide offers relief by decreasing CSF production, but patients can be (come) refractory. Recently, glucagon-like peptide-1 (GLP-1) analogues were proposed to modulating CSF secretion and reducing intracranial pressure. No studies have evaluated their use for RIH treatment.

Methods A 46 year-old female patient with 1.5 years history of SIH developed RIH following surgical leak repair in 2017. She failed to maintain a good response of diuretics despite maximal dosage and failed other interventions. Pain score was high (NRS 6/10) and impacted quality of life, sleep and ability to work. In November 2021, she was initiated on Semaglutide 3 mg daily, and gradually increased over course of 3 months to 14 mg daily.

Results The patient reported an immediate pain relief after starting Semaglutide, with further improvement as dose was increased. At 3 months, she reported significantly lower pain scores (NRS 1/10), improved sleep, resumption of part-time work and absence of side-effects. She remained on this drug on daily basis and was able to stop diuretics intake.

Conclusions In this case, this GLP-1 agonist appeared to improve RIH symptom. Their role in the treatment of RIH should be evaluated in controlled studies to establish safety and efficacy. Consideration should be paid to how symptom improvement correlates (or not) with measurements of CSF pressure.

#36419 **EFFECT OF COVID-19 IN REGULATION OF IMPLANTABLE INTRATHECAL PUMPS FOR BENIGN CHRONIC PAIN MANAGEMENT**

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Background and Aims Implantable intrathecal pain pump is a well established chronic pain management method that has been used successfully for the treatment of benign chronic intractable pain of various etiologies. The regulation of the pumps requires repeating monitoring and refill at specific intervals and occasionally reevaluation and modification of the daily dose that the pump administers. The aim of this study was to evaluate the effect of the Covid-19 pandemic to the treatment of these patients.

Methods A retrospective analysis of the data collected from the outpatient departments concerning management and regulation of patients with implanted intrathecal pump for benign pain management. The data of 35 patients were collected regarding the scheduled refills, ability to access medical services, availability of intrathecal drugs and requests to alter dosage with or without COVID infection.

Results There was no significant alteration to the routine of these patients regarding the scheduled refills and availability of drugs, except one specific type, although these actions were performed under the regulation of each hospital in special designated areas and with full precaution. As far as the effect of infection itself, although many patients experienced some musculoskeletal deterioration, almost all were treated with brief oral pain medication and none received or requested an increase in intrathecal drugs.

Conclusions From our analysis it seems that the patients with implanted intrathecal pain pumps with having the main drug an opioid were not affected in terms of medical services and pump performance from the Covid-19 pandemic.

#36474 **INTERMEDIATE CUTANEOUS NERVE OF THE THIGH DAMAGE ASSOCIATED WITH REDO CORONARY ARTERY BYPASS SURGERY: A CASE REPORT**

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