

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**

¹James Khan, ²Nina D'Hondt, ¹Yasmine Hoydonckx*, ³Megha Poddar, ⁴Ian Carroll. ¹Anesthesiology and Pain Medicine, University Health Network, Toronto, Canada; ²Anesthesiology and Pain Medicine, Vitaz ziekenhuis, Sint-Niklaas, Belgium; ³Department of Endocrinology and Metabolism, McMaster University, Hamilton, Canada; ⁴Department of Anesthesiology, perioperative and pain medicine, Stanford University, Stanford, USA

10.1136/rapm-2023-ESRA.380

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 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**

¹Dimitrios Peios*, ²Athanasia Tsaroucha, ³Christina Ble, ⁴Periklis Zavrdis, ⁵Georgios Matis. ¹Functional Neurosurgery, St Luke's private hospital, Thessaloniki, Greece; ²Pain Department, Aretaieio University Hospital, Athens, Greece; ³Functional Neurosurgery, St Luke's private hospital, Thessaloniki, Greece; ⁴Pain Department, Cyprus Pain Clinic, Nicosia, Cyprus; ⁵Functional Neurosurgery, Cologne University Hospital, Cologne, Germany

10.1136/rapm-2023-ESRA.381

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

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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**

Clara Lobo*, Arun Kumar, Massimo Lamperti, Francisco Lobo. Anesthesiology institute, Cleveland clinic abu dhabi, Abu Dhabi, United Arab Emirates

10.1136/rapm-2023-ESRA.382

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 Peripheral neuropathies are a relatively common complication after CABG surgery, occurring in about 10-15%. Most frequently affected nerves are the brachial plexus, phrenic nerve, recurrent laryngeal nerve, and saphenous nerve. Similarly, after cardiac catheterization with transfemoral access (TFA), the incidence of limb dysfunction ranges from 0.004% to 0.21%, with thigh cutaneous nerves being affected in 0.04% of cases.

Methods ASA3, 51-year-old female with PMH: coronary artery disease who underwent redo-CABG with femoral vascular cannulation for cardiopulmonary bypass post-NSTEMI, under GA. The surgery was uneventful, but on POD2, the patient complained of moderate neuropathic pain in her right thigh, which worsened with movement and preventing ambulation. Examination revealed sensory deficits in the distribution of the intermediate cutaneous nerve of the thigh (ICNT), no motor deficit. Increasing pregabalin dose, didn't provide relief. An USG-ICNT block successfully alleviated the pain, the patient was discharged with mild pain under medication.

Results The ICNT is a branch of the femoral nerve and is vulnerable to injury during TFA. Symptoms typically manifest with a delay of approximately 37 hours and include sensory deficits and severe pain. Motor neuropathy may also occur. The exact cause of nerve injury is multifactorial. Prompt recognition and appropriate management are crucial for optimal patient outcomes, avoiding unnecessary suffering and potential discharge delays.



Abstract #36474 Figure 1 Intermediate cutaneous nerve of the thigh US

Conclusions Conclusion: Surgeons should be mindful of the potential for ICNT injury during inguinal cannulation in redo-CABG procedures. Early diagnosis and effective pain management are essential in ensuring the best possible outcomes for

patients. 10.1055/s-0043-121628 10.1253/circj.CJ-18-0389 (Circ J 2018; 82: 2736-2744) 10.1016/B978-0-444-63599-0.00031-4

#36498 **FOUR SPECIFIC BLOCKS FOR HEADACHE RELIEF: INVESTIGATING POTENTIAL SHARED MECHANISMS**

Christos Mavropoulos*. *Thessaloniki, Greece*

10.1136/rapm-2023-ESRA.383

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 impact of four distinct blocks, namely erector spine plane block, stellate ganglion block, sphenopalatine ganglion block and greater occipital nerve block, on headache relief as a symptomatic manifestation has been observed. Existing literature has documented a reduction in the intensity, duration, and frequency of pain, along with enhanced patient satisfaction, in primary headaches. As a result, the possibility of a shared mechanism of action warrants investigation

Methods A comprehensive search of the PubMed electronic database was conducted to identify relevant case reports, retrospective studies and case series encompassing the four blocks and diverse headache conditions. The utilized keywords included sphenopalatine ganglion block, greater occipital nerve block, erector spinae plane block, stellate ganglion block, post-dural puncture headache, tension headache, migraine, and cluster headache

Results The findings indicate that all four blocks have demonstrated effective alleviation of headache symptoms in a majority of primary and secondary headache cases.

Conclusions Proposed mechanisms encompass interactions with the trigemino-cervical complex, modulation of cerebral circulation and autonomic outflow. Further exploration of the common pathophysiological mechanisms underlying headaches and the identification of suitable therapeutic targets should be pursued

#36147 **EFFICACY OF ULTRASOUND-GUIDED RADIOFREQUENCY TREATMENT FOR CHRONIC PAIN IN A YOUNG PATIENT WITH FORESTIER SYNDROME (DISH)**

¹Marianthi Varveri, ¹Polyxeni Zografidou*, ¹Georgia Grenda, ¹Eleni Koraki, ²Apostolos Chatzikalfas, ¹Maria Doumbaratzi. ¹Anesthesiology Department, Papageorgiou General Hospital of Thessaloniki, Greece, Papageorgiou General Hospital of Thessaloniki, Thessaloniki, Greece; ²Neurosurgery and Pain Center, Rhodes, Greece

10.1136/rapm-2023-ESRA.384

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 DISH syndrome, also known as diffuse idiopathic skeletal hyperostosis, is a musculoskeletal disorder that primarily affects the spine. It is characterized by the abnormal calcification (ossification) of ligaments and tendons where they attach to the bones. This excessive bone growth