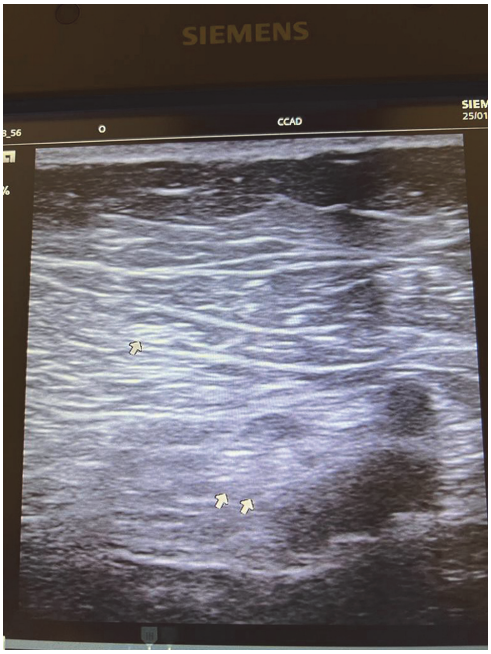
Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

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, postdural 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)

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