However, it remains unclear which method is the best. We aimed to assess effective each lidocaine’s form during EGD compared with spray.

**Methods** We searched PubMed, Scopus, EMBASE, the Cochrane Central Register of Controlled Trials, CENTRAL, Web of Science Core Collection, World Health Organization, International Clinical Trials Registry Platform, and Clinical-Trials.gov databases in December 2022. Selection criteria were randomized controlled trials comparing lidocaine spray with other forms (gel, lozenges, nebulized, popsicle, and viscous) in EGD. Outcomes of interest included ease of instrumentation, participants’ satisfaction scores, tolerance scores, or pain, endoscopist’s satisfaction scores, and procedural time.

**Results** We included 13 trials with 3,711 participants undergoing EGD. The quality of trials was poor. Lidocaine spray provided better ease of instrumentation (Risk ratio (RR) 1.19, 95% confident intervals (CI) 1.06, 1.34; I² = 66%; very low certainty of evidence), decreased participants’ pain (Mean difference (MD) 0.38, 95% CI 0.25, 0.5; I² = 92%; very low certainty of evidence), and shorter procedural time (MD 0.22, 95% CI 0.1, 0.35; I² = 13%; low certainty of evidence). However, spray had lower participants’ highest satisfaction scores (RR 0.83, 95% CI 0.76, 0.92; I² = 62%; very low certainty of evidence), participants’ mean satisfaction scores (MD -0.61, 95% CI -0.29, -0.04; I² = 92%; very low certainty of evidence), participants’ tolerance scores (RR 0.83, 95% CI 0.71, 0.97; I² = 0%; low certainty of evidence), and endoscopist’s satisfaction scores (MD -0.33, 95% CI -0.45, -0.21; I² = 94%; very low certainty of evidence).

**Conclusions** Lidocaine spray may be better for ease of instrumentation during EGD. However, evidence is still determined due to the quality of trials.
optimize limited clinical posting time and improve student understanding.

Background and Aims

Perioperative hypersensitivity reactions (PHR) are of great concern to anesthesiologists daily. During a procedure, several agents are administered sequentially in any anesthesia, which can trigger allergic reactions of lesser or greater severity. Otherwise, anaphylaxis is a severe, life-threatening, systemic allergic reaction that occurs rapidly after exposure to a sensitizing agent.

Results

Case report: 56 years-old female, ASA P1, without any known allergies, was admitted to right eye trabeculectomy. Sedation was performed with midazolam and fentanyl to perform the peribulbar block of the eye under adequate asepsis, with injection of 5 ml of 1% ropivacaine and 300 UI of hyaluronidase, with Nicoll Scale, equal to 8, four-quadrant akinesthesia. After 3 hours, the patient presented slight edema in periorbital tissue, with spontaneous regression of the condition. After 5 days, the patient returned to the clinic to perform the same surgery the eye due to procedure failure. After a few minutes from the blockade, the patient presented an important periorbital cold edema, associated with nausea and urticaria, and the diagnostic hypothesis of PHR class II of Ring & Messmer Scale was suggested. The treatment was immediately performed with aliquots of 20mcg of adrenaline, 250 mg of hydrocortisone and clinical support, which led to regression of the symptoms.

Conclusions

Discussion

Recently, a new consensus was released about the nomenclature of perioperative hypersensitivity, since some terms are not used anymore. Besides that, the variability of symptoms challenges the anesthesiologist in care of the patient, that can be able to diagnose and treat any suspected perioperative allergic reactions.

Background and Aims

Nerve blocks are commonly performed to prevent the chronicity of postherpetic neuralgia in the acute phase. This study investigated whether distal approaches of intercostal nerve block are effective for zoster-associated pain in the thoracic spinal cord region.

Methods

This was a descriptive study conducted between January 2013 and January 2023, targeting patients who visited our department within three months of onset and received nerve blocks. Patients who underwent pulsed radiofrequency treatment were excluded. The Conventional (C) group received conventional treatments such as paravertebral, epidural, and intercostal nerve block, while the Peripheral (P) group received nerve blocks at distal sites of intercostal nerves, such as the serratus anterior plane block, rectus sheath block, and transversus abdominis plane block. The duration of nerve block required by patients was examined.

Results

There were 18 patients in the C group and 19 in the P group. There were no significant differences in age, affected spinal cord site, presence of sleep disorders, presence of risk factors for refractory cases, duration to initial visit, or EQ-5D score. The median duration of nerve block requirement was 35 (7-97) days in the C group and 18 (7-38) days in the P group.

Conclusions

The distal approaches of intercostal nerve block may also be a treatment option in patients with acute zoster-associated pain.

Conclusion

The distal approaches of intercostal nerve block may also be a treatment option in patients with acute zoster-associated pain.

Attachment

(Form2) Approved by IRB #2022-024.pdf