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#36044 PERIOPERATIVE HYPERSENSITIVITY REACTION AFTER AN OPHTHALMOLOGIC BLOCK: CASE REPORT

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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 akinesia. 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 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, that led to regression of the symptoms.



Abstract #36044 Figure 1 Associated edema after the second block – Class II of Ring & Messmer Scale

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.

#34113 DISTAL APPROACHES OF ULTRASOUND-GUIDED INTERCOSTAL NERVE BLOCK IN PATIENTS WITH ACUTE ZOSTER-ASSOCIATED PAIN: A QUANTITATIVE DESCRIPTIVE RESEARCH

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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.

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

#34837 DECISION-MAKING FRAMEWORK TO UNDERTAKE REGIONAL ANAESTHESIA IN PATIENTS WITH POOR COMORBIDITIES AND DIMINISHED MENTAL CAPACITY

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