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**

Psychogenic nonepileptic seizures are unusual events that may occur in the perioperative period. It can mimic other complications causing confusions and misdiagnosis to regional anesthesiologist.

**Methods**

Case of a 24 yo female for Open Reduction Internal Fixation of Ankle for Closed Distal Fibular Fracture Right. General Anesthesia with Ankle Block was done after consent. Intraoperatively, after induction and regional block performed, patient was stable all throughout the procedure. Surgery lasted for 3 hours. Patient was transported to the recovery room, uneventful.

**Results**

30 minutes postoperatively, patient developed signs of irregular uncontrolled movements, upward rolling of the eyes with no verbal response. Shivering and Seizure after local anesthetic toxicity were immediately considered with benzodiazepine and Lipid Emulsion initiated. Repeated attacks were recorded until 72 hours post operatively with an interval in between of intact sensorium and orientation. Attacks were noted to be triggered by severe pain. The longest duration noted to be was 25 minutes. However resistance to anticonvulsants, benzodiazepines were eventually noted. A 12 hour video Electroencephalogram was done with 2 attacks captured during the procedure and revealed a normal result. A psychogenic nonepileptic seizure was then considered until discharged.

**Conclusions**

Psychogenic nonepileptic seizures are rare with 1.4 per 100 000 and an estimated prevalence of 2-3 per 10000. Knowledge and correct diagnosis is of tantamount importance to anesthesiologists to prevent morbidity and mortality brought about by anticonvulsives therapy such as respiratory depression, risk and injury brought by tracheal intubation, with prolonged hospital stay and added costs especially in this third world country.

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### #36308

**EPI DURAL TEST DOSE IN OBSTETRICS – IS IT REALLY A REASSURING TEST?**

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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 main goal of an epidural test dose (ETD) is to avoid the inadvertent injection of large doses of opioids and local anaesthetic either intravascularly, subduraly or intrathecally. Although some literature suggests that the ETD is not an effective method for identification of epidural catheter (EC) misplacement in obstetrics, it is still common practice in many maternities.

**Methods**

We review 3 clinical scenarios of complications after the administration of epidural anaesthesia or analgesia, where the ETD failed to reveal the catheter misplacement.

**Results**

The first case report refers to a pregnant woman who received a sequential block for labour analgesia. An ETD with lidocaine was administered after the technique. One hour later an epidural dose for analgesia was administered, which caused a complete motor block with hypotension and fetal distress. The second case describes an epidural technique for labour analgesia, followed by an uneventful ETD with lidocaine and epinephrine. Shortly after a ropivacaine bolus, the patient developed a patchy block and a Horner syndrome. The third case refers to a caesarean section with an EC already in place, tested with a lidocaine bolus. After the administration of ropivacaine for surgical anaesthesia, the patient developed severe respiratory distress with the need for mechanical ventilation.