

#36206 POST OPERATIVE SEIZURE: A DILEMMA TO ANESTHESIA

¹Ray Carlo Escollar*, ²Jacky Corpuz, ²Samantha Claire Braganza, ²Iris Concepcion. ¹Section of Regional Anesthesia and Pain Medicine Department of Anesthesia, St. Lukes Medical Center Bonifacio Global City, Bacolod, Philippines; ²Section of Regional Anesthesia and Pain Medicine Department of Anesthesia, St. Lukes Medical Center Bonifacio Global City, Manila, Philippines

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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 anticonvulsive 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.

#35908 CEREBROSPINAL FLUID LAVAGE FOR INADVERTENT INTRATHECAL INYECTIONS. AN OPTION TO BE CONSIDERED

Silvia De Miguel Manso*, Carlota Gordaliza Pastor, Rocío Gutiérrez Bustillo, Beatriz Martínez Rafael. *Anesthesiology and Resuscitation, University Clinical Hospital of Valladolid, Valladolid, Spain*

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Background and Aims Intrathecal administration of wrong drugs (IAWD) can have catastrophic consequences. Reported IAWD in literature are mainly individual cases or small case-series reports. In most of them cerebral spinal fluid lavage

(CSFL) seems to be a choice of management, added to supportive measures. The aim of this work is to know if CSFL could be considered as a safe and effective treatment in case of IAWD.

Methods The author searched published reports of IAWD using Pubmed database from January 2017 to January 2023. Those in which CSFL was used as a treatment were selected. The main study founded was a review article that identified potential sources of IAWD and its appropriate management. Other studies described individual cases of IAWD managed with CSFL.

Results Immediate CSFL is related to good outcomes in many of the studies reviewed. It involves CSF aspiration with a spinal catheter or a needle at the volume of 10–20 ml each time and replaced with an equal volume of normal saline, so the drug is diluted and removed. It's usually make in emergency situations so it's difficult to perform a proper randomized clinical trial evaluation. Maybe that's why it is not considered as a standard treatment for IAWD.

Conclusions Despite of the lack of studies published, early CSFL should be considered, in addition to supportive and symptomatic treatment, especially if life-threatening consequences are anticipated. It is needed to balance the risks and benefits case-by-case before using CSFL, but does not seem to have major complications in an emergency situation.

Obstetric**#36308 EPIDURAL TEST DOSE IN OBSTETRICS – IS IT REALLY A REASSURING TEST?**

Maria Beatriz Maio*, Rodrigo Ferreira. *Anaesthesiology Department, Hospital da Luz, Lisboa, Lisbon, Portugal*

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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, subdurally 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.