

Conclusions This case highlights the implications of this syndrome, especially the risk of difficult airway. Epidural analgesia is possible and a good option to avoid airway interventions. A thorough and timely evaluation is essential.

#34423 **COMBINED A SINGLE DOSE OF INTRATHECAL MORPHINE AND INTRAVENOUS PATIENT-CONTROLLED ANALGESIA FOR LABOR ANALGESIA IN MID-TERM DELIVERY: REPORT OF TWO CASES**

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Background and Aims Single-shot neuraxial techniques are not useful for most labor analgesia. Intravenous patient-controlled analgesia (iv-PCA) is indicated for parturients who cannot receive neuraxial analgesia. We present two cases managed with a combined single-shot technique and iv-PCA.

Methods Case 1: A 37-year-old, G1P0 woman presented at 19 weeks gestation for abortion indicated with fetal abnormalities. She had a medical history of thoracic to lumbar spine surgery for scoliosis. We determined continuous epidural analgesia was not possible and choose a combination of single-shot spinal anesthesia combined with iv-PCA. Before cervical dilatation procedures, 200 mcg of morphine with 7.5mg of bupivacaine was administered intrathecally using a 25-gauge needle. Following induction with prostaglandin E2, iv-PCA with fentanyl (10 mcg/h, 25 mcg/bolus, lockout time 10 min) was initiated. Standard monitors were placed, and the respiratory monitored with ETCO2 continuously until 24 hours after administration. The low dose of naloxone was administered to manage opioid side effects such as pruritus or nausea. Pain control during labor was adequate and the parturient was delivered without serious complications. Case 2: A 27-year-old, G5P0 presented at 21 weeks gestation for abortion indicated with a fetal abnormality. She was not eligible for epidural analgesia due to anticoagulant therapy. 200 mcg of morphine with 10mg of bupivacaine was administered and then the same protocols were used in this parturients. Pain control during labor was good and opioid side effects were well controlled with naloxone.

Conclusions A single-dose technique combined with iv-PCA provided adequate labor analgesia in mid-term delivery without serious complications.

Paediatrics

#36483 **ERECTOR SPINAE PLANE BLOCK (ESPB) FOR PAIN MANAGEMENT IN PEDIATRIC THORACIC SURGERY**

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Background and Aims The Erector Spinae Plane Block (ESPB) is a new regional anesthetic technique, and the global literature data on pediatric patients is still limited. The aim is to evaluate the analgesic power of the ESPB under ultrasound guidance when used in pediatric patients undergoing thoracic surgery. The effectiveness of the technique is based on opioid and non-opioid analgesic consumption within the first 24 hours postoperatively, as well as pain assessment scales

Methods Pediatric patients aged 3-18 years old who underwent thoracic interventions between January 2022 and May 2023 at the Clinic of Pediatric Anesthesiology and Intensive Care. A 22G, 50mm needle was used for the technique, and the local anesthetic was Ropivacaine 0.25%, not exceeding a volume of 20ml unilaterally or separately for each side, while avoiding the maximum toxic dose of Ropivacaine of 2mg/kg

Results An overview of the literature data regarding the effectiveness of the ESPB is presented, along with the data obtained at the Clinic of Pediatric Anesthesiology which are compared to conventional venous analgesia. The possible complications are described based on both the literature data and observations at the Clinic

Conclusions Reducing the pain, better comfort during hospital stay, and minimizing stress factors are of crucial importance, especially in the pediatric population. The advantages of regional anesthesia over venous analgesia, as well as the tendency to avoid central blocks when possible by using effective and sufficiently safe peripheral blocks, create favorable conditions for establishing the ESPB as a good, relatively easy technique for analgesia in the thoracic region, even in children.

Attachment Ethic Committee.pdf

#36408 **LOCOREGIONAL ANESTHESIA IN PEDIATRIC SURGERY: A COMPARATIVE STUDY BETWEEN CAUDAL BLOCK AND LUMBAR SQUARE BLOCK IN INGUINAL HERNIA AND TESTICULAR ECTOPIA SURGERY**

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Background and Aims Loco-regional anaesthesia (LRA) has enjoyed incredible growth, and plays a key role in the multimodal approach to post-operative pain management in children. The latest studies show a significant regression of central blocks, and mainly caudal blocks, in favor of peripheral nerve blocks. In the past, caudal nerve block (CB) was commonly indicated in pediatric surgery, despite its particularities, risk of complications and relatively short duration of