CASE REPORT: ULTRASOUND GUIDED SERRATUS ANTERIOR PLANE BLOCK (SAPB) AS ANALGESIC ADJUNCT OF RIGHT OPEN THORACOTOMY IN INFANT

Gee Ho Siew*, Anaesthesiology and Intensive Care Unit, Hospital Tengku Ampuan Rahimah Klang, Klang, Malaysia

10.1136/rapm-2023-ESRA.472

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 Introduction Regional anesthesia techniques (thoracic, epidural, paravertebral) in non cardiac thoracic surgery enhances perioperative analgesia, early extubation and shorten hospital length of stay. However the failure rates and risk of pneumothorax causes these techniques sometimes avoided among Pediatric population. Ultrasound guided Serratus Anterior Plane Block (SAPB) is an alternative that provide satisfactory perioperative analgesia for infants undergoing non-cardiac thoracic surgery.

Methods An 1 year old 9kg infant was diagnosed with congenital multicystic lung lesion of right upper lobe planned for open right thoracotomy. With informed consent ,he was planned for operation under general anaesthesia with right SAPB. He was induced with with IV Fentanyl 10mcg, IV Propofol 20mg and IV Atracurium 4mg. On the left lateral position, Ultrasound guided SAPB was done prior surgical incision with Sonoplex Pajunk 50mm and 4mL of LevoBupivacaine 0.25% ( 10mg ) injected in between Serratus muscle and Latissimus dorsi muscles at level of T5 . Intraoperatively, IV Paracetamol 135mg (15mg/kg) and IV Morphine 0.2mg was given as additional analgesic during manipulation and resection of the lung parenchyma. His hemodynamic were stable through out the surgery. Post operatively, patient was transferred to PICU and ventilate overnight with IV Morphine 50mcg/hour as sedation. He was extubated to nasal prong 2 litres/min subsequent day. He was transferred to general ward after 3 days stay in PICU and was discharged well after 7 days of hospitalisation.

Abstract #36384 Figure 1 Infant at Left Lateral Position

Conclusions Ultrasound guided Serratus Anteriod Plane Block (SAPB) is and effective, simple, relatively safe analgesic adjunct for infants undergoing non-cardiac thoracic surgery

ULTRASOUND GUIDED POPLITEAL SCIATIC NERVE BLOCK IN A TEEN WITH CORNELIA DE LANGE SYNDROME AND DIFFICULT AIRWAY

Veronica Colin*. Anesthesiology, Angeles Mocel, Mexico City, Mexico

10.1136/rapm-2023-ESRA.473

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 Cornelia de Lange syndrome is a rare congenital disease characterized by multiple malformations. Anesthetic management can be a challenge due craniofacial
malformation (low-set ears, wide nasal bridge, cleft palate, narrow inter-incisor distance, micrognathia, short neck and limited neck extension) that makes it a difficult airway. Regional anesthesia ultrasound guided is a safe option in these patients since allows adequate anesthetic condition for performing the surgical procedure and postsurgical pain relief. However, its use in this population has not been reported.

**Methods** A 15-year-old female with diagnoses of Cornelia De Lange Syndrome, neuromuscular scoliosis treated with T9-L2 spinal instrumentation, patent ductus arteriosus with spontaneous closure, delayed intellectual development, gastroesophageal reflux disease and tubular acidosis renal. Scheduled for arthrodesis of the scaphoid talus and lengthening of the calcaneus of right foot. Physical examination showed weight 32.8 kg, short neck, narrow inter-incisor distance, limited neck extension, low-set ears, residual scoliosis. Premedication with dexmedetomidine 50\(\mu g\) intranasal was performed. Sedation was achieved through of infusion’s Propofol at 3-4 \(\mu g/ml\) and Fentanyl 35 \(\mu g\) intravenous. Spontaneous ventilation with supplemental O2. An ultrasound guided popliteal sciatic nerve block was performed, administering ropivacaine 78.5 mg (0.4%), 20 ml of volume. During surgery she remains hemodynamically stable. In recovery, the patient is calm, no pain data.

**Conclusions** In patients with difficult airway like our patient with Cornelia De Lange syndrome, regional anesthesia plus sedation intravenous was the best choice to offer and it was successfully used as an anesthetic and analgesic management in the orthopedic surgery.

**#35525 GLOSSOPHARYNGEAL NEURALGIA IN THE PEDIATRIC PATIENT, AN ONGOING THREAT AND A CALL TO ACTION**

1Claudia Stella Niño-Carreño, 2Juan Esteban Puerta-Botero*, 3Carlos Eduardo Restrepo-Garces. 1Intensive care unit, Hospital General de Medellin, Medellin, Colombia; 2Chronic Pain Management, Urogine, Medellin, Colombia; 3Pain Physician, Pain Relief Unit, Neumodica and Urogine, Medellin, Colombia

10.1136/rapm-2023-ESRA.474

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** Glossopharyngeal neuralgia (GN) prevalence in pediatrics is unknown(1). Common causes are schwannoma(2) and Chiari malformation(3). Pharmacotherapy is the cornerstone with a poor efficacy around(4). Invasive treatment has been described(5), but there is not date about the use of pulsed radiofrequency (PRF) on pediatric patients with GN, although in adults there are some(6). We present a successful case of a child with primary GN treated with PRF.

**Methods** A 9-year-old female with a history of one year of GN unresponsive to medical treatment was referred to our pain clinic. She had a glossopharyngeal nerve block with complete pain relief for 2 weeks. Because the short-pain-relief a PRF was scheduled. After informed consent, using GA with aseptic conditions using ultrasound with a linear-high-frequency-transducer, the styloid process and the carotid artery were identified. An in-plane approach toward the posterior aspect of the styloid using hydrodissection with saline with a further Contrast injection verifying with fluoroscopy the final target. Because she was under GA no sensitive stimulus was delivered. PRF was performed with 2 cycles of 42C/4minutes/85volts. Then 3ml of bupivacaine-0.5% without epinephrine plus 2 milligrams of dexamethasone were administered (figures 1,2)

**Results** There were not complications recorded during or after the procedure. The patient experienced a pain relief of 60% during the first week, and a continues benefit of 85% during a 6-month-follow-up.

**Conclusions** PRF may represent an interesting therapeutic alternative and minimally invasive option in pediatric population. Further studies are needed to stablish the role of PRF in craniofacial pain in pediatrics.

**Attachment** Glossopharyngeal neuralgia case.pdf