

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 µg intranasal was performed. Sedation was achieved through of infusion's Propofol at 3-4 µg/ml and Fentanyl 35 µg 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

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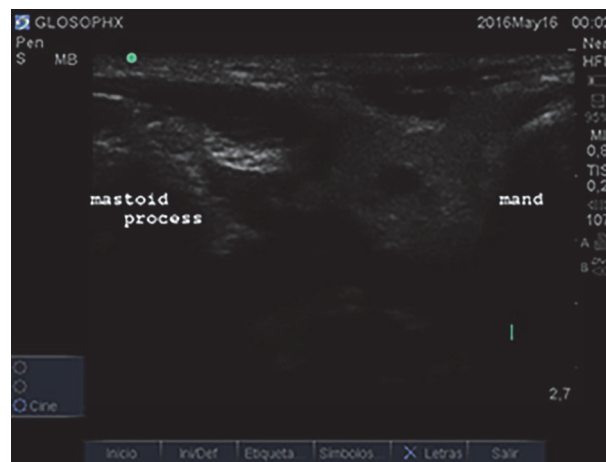
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Background and Aims Glossopharyngeal neuralgia (GN) prevalence in pediatrics is unknown(1). Common causes are schwannoma(2) and Chiari malformation(3). Pharmacotherapy is the cornerstone with a poor efficacy around%(4). Invasive treatment has been 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.

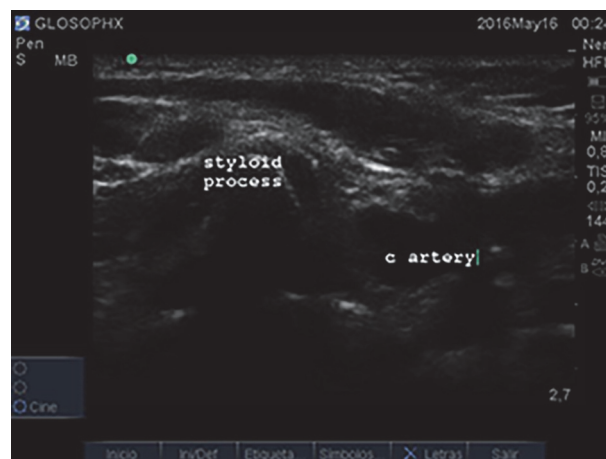
Methods A 9-year-old female with a history of one year of GN unresponsive to medical treatment was referred to our pain clinic. She had a glossopharyngeal nerve block with complete pain relief for 2 weeks. Because the short-pain-relief a PRF was scheduled. After informed consent, using GA with aseptic 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.



Abstract #35525 Figure 1 Ultrasound shows Styloid process and mandible



Abstract #35525 Figure 2 Ultrasound shows styloid process and Carotid artery

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.

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