Methods The case involved an 83-year-old man with a left humeral neck fracture who had been diagnosed and treated for PNH for 10 years. The patient was a high-risk patient with a history of both hemolytic and thrombotic symptoms, which were suppressed by treatment with the monoclonal antibody eculizumab. Surgery was performed with an intramedullary nail through the proximal end of the humerus. Given the exacerbation of PNH, light sedation with midazolam and a superior nerve trunk block with 5 mL of 0.5% levobupivacaine was performed. No significant exacerbation of PNH symptoms or hematoma formation was observed. He was discharged from the hospital on postoperative day 2.

Results There are no reports of surgical experience with peripheral nerve blocks in patients with PNH. Anesthetics or high-dose opioids for surgical management should be a risk factor for an episode of hemoglobinuria by sleep induction, as nocturnal exacerbation of hemoglobinuria has been attributed to carbon dioxide retention and blood acidosis leading to complement activation. Because the superior nerve trunk block is a superficial technique among brachial plexus blocks, the risk of hematoma formation was considered low. Treatment with monoclonal antibody could have facilitated the management of the disease and avoided perioperative problems.

Conclusions We experienced a case of PNH patient who underwent humeral head fracture surgery under regional anesthesia and light sedation.

Attachment ESRA2023_Casereport_IC.pdf

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Background and Aims Chronic cough is cough lasting for more than 8 weeks, with a multifactorial cause including a hypersensitivity of the internal branch of the superior laryngeal nerve. Cough following esophagectomy in patients with esophageal carcinoma has been commonly associated with gastric reflux in 20-80% of patients. However, very few literature has described cough secondary to superior laryngeal nerve irritation as a complication of esophagectomy. Recent literature described the use of superior laryngeal nerve block using lidocaine and steroids for patients presenting with neurogenic cough. This paper presents a case of a 48 year-old male post-esophagectomy with gastric pull-up, complaining of persistent cough unrelieved by medical management.

Methods Trigger points of cough were identified. Superior laryngeal nerve block using lidocaine with dexamethasone was done, which resulted to immediate relief. However, symptom recurred in less than 24 hours. Six days after, the procedure was repeated using lidocaine with epinephrine and triamcinolone acetamide.

Results Cough severity index score of patient decreased from 40 to 20, with 70% decrease in the frequency of symptom. However, patient also noted a transient difficulty in swallowing.

Conclusions Superior laryngeal nerve block using lidocaine and steroids is a possible modality in the diagnosis and treatment of neurogenic cough as a complication of esophagectomy. Its effect is, however, temporary and should be done repeatedly to achieve significant results. Further studies should be done to determine the most effective combination of local anesthetic and steroid to achieve a desirable prolonged relief. One of the possible complication of the procedure is dysphagia.

Abstract #36516 Figure 1 Us image – Posterior IC block