Abstract #35949 Table 1 Integral velocity time index at the aorta exit (IVTI Ao), Left Ventricle (LV), Right Ventricle (RV), and Systolic Volume Variation (SVV)

	TSVI Ao	Global function Left Ventricle Right Ventricle	SVV	Pulmonary B lines	Abdominal echography	Action taken
Patient 1	15 cm	Adequate contraction but evidence of small pericardiac effusion (5 mm)	17%	No significant B lines	No venous congestion	-Volume charge administration.
Patient 2	11 cm	Adequate contraction	19 %	>3 B lines per field	Moderate to severe congestion. (Images 1 and 2)	-Liquid restriction. - Vasopressors

Conclusions In these two case reports, we can see the importance of using echography as a complementary tool to correctly orientate the cause of hypotension in the postoperative period, since it gives us valuable information in clinical practice. Using it in conjunction with regular monitoring will permit better care in this critical time.

#36515 AIRWAY ULTRASOUND FOR DIFFICULT AIRWAY MANAGEMENT; A CASE REPORT

Sandra Fernandez-Caballero*. *Anesthesia, Hospital Universitario La Paz, Madrid, Spain*

10.1136/rapm-2023-ESRA.575

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I don't wish to apply for the ESRA Prizes

Background and Aims Difficult airway intubation can be challenging for anesthesiologists, because of the unexpected situation. Using the ultrasonography can help mitigate any issues that may arise.

Methods A 57 year-old-woman was admitted to A&E, with stridor and dyspnea. A diagnosis of bilateral vocal cord paralysis was made, requiring an emergency tracheostomy. In the operating room, we assessed the upper airway using the ultrasound, which confirmed the vocal cord paralysis. The patient was prepared for an awake intubation. Nebulization with 5ml of

#36507 LUNG ULTRASOUND AFTER CENTRAL VENOUS CATHETER CANNULATION: WHEN THERE'S MORE THAN AIR – A CASE REPORT

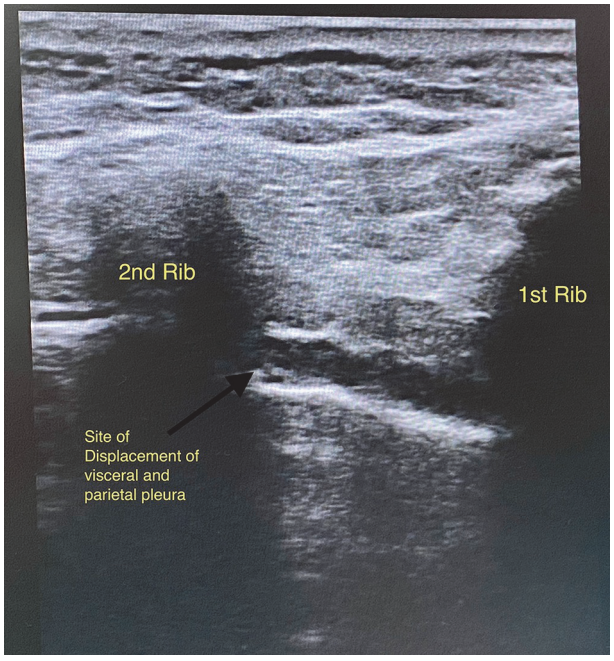
[1]Noelia Carrillo-Alfonso*, [2]Sérgio Menezes Pina, [3]Joana Lopo, [2]Tânia Capelas, [3]Rita Domingos, [2]João Nunes, [3]Ana Sara Monteiro, [2]Eva Patricia Lima Lourenço. *[1]Serviço de Anestesiologia, Centro Hospitalar Universitário do Algarve, Faro, Portugal; [2]Serviço de Medicina Intensiva, Centro Hospitalar Universitário do Algarve, Faro, Portugal; [3]Serviço de Medicina 1, Centro Hospitalar Universitário do Algarve, Faro, Portugal*

10.1136/rapm-2023-ESRA.576

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 Lung ultrasound has become standard practice following central venous catheter cannulation to detect pneumothorax. In addition to this complication, we present a case report of an iatrogenic subclavian artery hematoma visualized through thoracic ultrasound, which was not identified in the chest radiography.

Methods We present the case of a 58-year-old woman, ASA III, diagnosed with stage IV colon cancer resulting in intestinal occlusion and contained perforation. The patient was proposed for a right colectomy and a totally implantable central venous access device for chemoterapy. A balanced general anesthesia technique was employed, and an ultrasound-guided bilateral rectus sheath single-shot block was performed for analgesic purposes. The central venous implantable catheter placement needed several attempts, with iatrogenic subclavian artery puncture. After successful catheter placement, subsequent post-procedure lung ultrasound revealed the presence of lung sliding with hypoechoic displacement of the visceral and parietal pleura at the level of the first and second ribs on the same side as the procedure, compatible with an hematoma. A thoracic radiograph performed thereafter did not identify hemothorax; however, it did identify improper final positioning of the tip of catheter, specifically at the contralateral subclavian vein.



Abstract #36507 Figure 1 Hypoechoic displacement of the visceral and parietal pleura at the level of the first and second ribs, on the ipsilateral side as the iatrogenic subclavian artery puncture

Conclusions This case report highlights the utility of lung ultrasound in identifying complications of central venous catheterization, such as hematoma following iatrogenic artery puncture. While thoracic radiography remains the standard for tip localization and exclusion of pneumothorax, lung ultrasound serves as an additional valuable tool in detecting other potential complications.