

#36301 THE NEEDLE AGAINST THE MASS: ROLE OF LOCOREGIONAL ANESTHESIA IN THE MANAGEMENT OF SURGICAL BIOPSIES FOR MEDIASTINAL MASSES, A CASE REPORT

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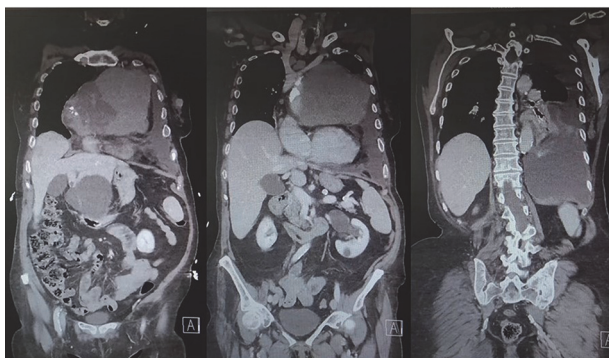
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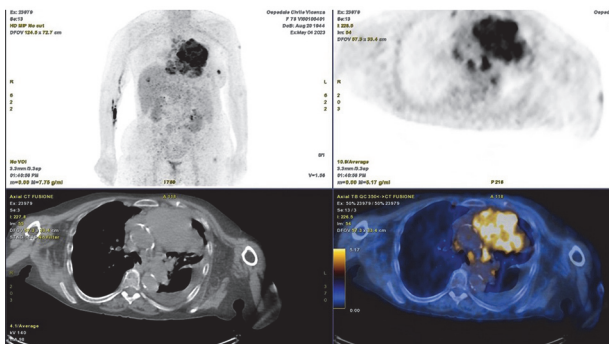
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Background and Aims Mediastinal masses can represent a menace to airways and great vessels when general anesthesia with endotracheal intubation is necessary for surgical procedures. Locoregional anesthesia efficiently overcomes intubation-related risks and complications when synergic blocks are performed.

Methods We present the case of a 79 years old female with a bulky 20 x 19 x 25 cm anterior solid mediastinal mass with left pleural effusion (figure 1). Diagnostic suspicion was hematologic malignancy versus thymoma but percutaneous CT-guided biopsy wasn't conclusive. FDG PET-CT (figure 2) showed high glycolytic metabolism of the mass. Surgical biopsy was necessary to obtain adequate sample of the tumor.



Abstract #36301 Figure 1 Coronal views of the mediastinal mass with left pleural effusion



Abstract #36301 Figure 2 FDG PET-CT with glucose avidity of the mass

Results The plan was to avoid general anesthesia because of the mass related risks. Intravenous Midazolam 2 mg and

Fentanest 50 mcg were used for sedation in right lateral decubitus. Under ultrasound guidance with linear high-frequency probe left T4-T5 and T6-T7 paravertebral block (figure 3) was performed with ropivacaine 7,5% 150 mg, followed by left parasternal block with ropivacaine 0,5% 10 ml between 2nd and 4th intercostal spaces in supine position. Anterior left mediastinotomy in spontaneous ventilation was performed with excellent anesthetic coverage and subsequent analgesia. Histology showed combination of T-Lymphoblastic Leukemia and thymoma.



Abstract #36301 Figure 3 US guided left paravertebral block with focus on probe positioning

Conclusions Anesthesia for mediastinal masses must be carefully planned because of potential severe complications. The risks are high when in supine position, under general anesthesia and mass-related symptoms prior to the procedure. Paravertebral block (PVB) and parasternal block (PSI) can produce efficient anesthesia for open biopsies and adequate analgesia. These blocks are safe and easy to reproduce, providing valid alternatives to general anesthesia.

#35799 REAL TIME ULTRASOUND GUIDED RADIAL ARTERY CANNULATION: CASE REPORT SEQUENTIAL SHORT-AXIS OUT OF PLANE FOLLOWED BY LONG-AXIS IN-PLANE INSERTION USING A SELDINGER TECHNIQUE WITH VYGON

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Background and Aims Many studies have compared the short-axis out-of-plane (SA-OOP) to long-axis in-plane (LA-IP) approaches for arterial cannulation, why not combine both techniques in sequence? The SA-OOP approach aligns the site of needle puncture until a bulls-eye configuration is achieved, however the final needle tip position is often missed and sometimes passes through the adventitial tissues. LA-IP imaging ensures that the needle remains centered within the artery and does not drift beyond the vessel.

Methods Radial arterial cannulation was performed using the SA-OOP followed by LA-IP technique with a 20G (3Fr) 8cm Arterial Leadercath (Vygon, Eccoen, France) catheter and a linear 15MHz Aloka ultrasound probe (Toshiba, Japan). The skin entry point was identified by passing an unbeveled needle under the probe until the shadow cast is aligned middle to