probably need a larger sample and an US scan to be performed by operators with competence in this area.

**EP028**

**POSTPARTUM POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME**

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**Background and Aims** Posterior reversible encephalopathy syndrome (PRES) is a clinical-radiological entity characterized by headaches, seizures, altered consciousness and visual disturbances. The authors describe a clinical case of PRES to highlight the importance of clinical differences between this syndrome and post-dural puncture headache (PDPH).

**Methods** 45-year-old female, ASA II, with 2 previous cesarian sections (CS) was admitted for an elective CS. Anesthesia was performed uneventfully with combined spinal-epidural anesthesia. No history of gestational hypertension, neurological pathology, vascular malformations or cranioencephalic trauma. A headache with PDPH characteristics developed 24h post CS and responded favorably to conservative analgesic therapy. At 72h post CS, the characteristics of the headache changed, becoming continuous with associated tinnitus and photophobia. Simultaneously she presented high blood pressure, nausea and vomiting. An epidural blood-patch was performed, with no evidence of complications and immediate symptomatic relief was achieved.

**Results** Three hours after the epidural blood-patch, the patient had a seizure. The brain CT was compatible with reversible cerebral vasoconstriction syndrome. She was admitted in the Intensive Care Unit for monitoring and treatment of blood pressure as well as symptomatic surveillance. She then performed a brain MRI which confirmed PRES. The patient demanded hospital discharge against medical advice and suspended therapy at this point. She is asymptomatic since then, maintaining a normal baseline arterial pressure.

**Conclusions** PRES is an entity that can simulate an obstetric emergency, being an extremely important differential diagnosis of PDPH. This requires additional brain imaging exams and a multidisciplinary discussion.

**EP029**

**ARE REGIONAL ANAESTHETIC CAREER EXPERIENCES GENDER DEPENDENT? A GLOBAL SNAPSHOT STUDY**

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**Background and Aims** Women face gender-based challenges in both their medical education and careers¹. We explored how regional anaesthetic (RA) career experiences were affected by gender and evaluated international differences.

**Methods** We designed a survey open to healthcare professionals with an RA interest. This was disseminated via social media.

**Results** We received 96 responses (58:38 female:male split) across 15 countries. (See table 1). 32.8% of women, and 2.6% of men reported being treated unfairly at work due to gender. Regarding RA, half of women’s free text answers (8/16) cited being overlooked for opportunities in favour of male counterparts. Male responses cited mostly positive or neutral experiences in RA. Seven explicitly acknowledged perceiving female disadvantage and four explicitly stated there were no gender differences. Both genders reported bullying and harassment from surgeons. Women additionally cited RA trainers as perpetrators and reported incidents of sexual harassment. Similar numbers (76%:79% female:male) reported having caring responsibilities but women were more than 2.5x more likely to say it affected their RA career.

**Abstract EP028 Figure 1**

MRI showing alterations compatible with PRES

**Abstract EP029 Figure 1**

Word cloud of common words in female free text discussions of experiences in RA