

EP033 EPIDURAL ANESTHESIA FOR CAESAREAN SECTION IN A PATIENT WITH BASILAR ARTERY ANEURYSM – CASE REPORT

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Background and Aims The incidence of unruptured intracranial aneurysm is 2% of the general population with a significant prevalence in the generative period, when the risk of rupture is more pronounced. The main feature is accidental detection due to non-specific resistant headaches.

Methods Our case report shows the anesthetic management of caesarean section in the presence of an unruptured basilar artery aneurysm

Results 36-year-old pregnant woman was prepared for a caesarean section under neuraxial anesthesia based on neurosurgical recommendations according to an accidentally discovered unruptured aneurysm of the basilar artery. One year ago, she was regularly monitored neurologically and radiologically, perioperatively without neurological expression. She denied allergies, and stated regular antiarrhythmic therapy (Verapamil tbl 40mg). Pre-anesthetic examination revealed unremarkable vital signs. The anesthetic technique of choice was epidural anesthesia, L3-L4 level and administration of local anesthetic – levobupivacaine 0.5% with opioid adjuvant – fentanyl. Concomitantly, a ephedrine infusion was started and continuously titrated to maintain systolic and mean arterial pressure. Intraoperatively and postoperatively, the emphasis was on hemodynamic stability. Pain control was provided regularly for 6 hours with Levobupivacain 0.25% with opioid adjuvant. The patient did not exhibit any neurological deficits.

Conclusions The relationship between the mode of delivery and risk for aneurysm rupture is not well defined. The decision on anesthetic management is significantly influenced by the physiological changes of pregnancy because they increase the risk of aneurysm rupture as a result of sudden changes in intracranial pressure. Hemodynamic stability is crucial for safe and secure anesthesia and controlling the risk of aneurysm rupture

EP034 SPINAL SURGERY IN THE PREGNANT WOMAN: AN ANAESTHETIC CHALLENGE

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Background and Aims The physiological and anatomical changes of the pregnant woman are sometimes challenging for the anesthesiologist¹. The goal should be to keep the mother safe while maintaining the pregnant state and minimizing the interference with the fetus¹ and the choice of the anaesthetic technique is of the utmost importance.

Methods Description of a case of spinal surgery in a pregnant woman.

Results 35-year-old woman, ASA II, 21 weeks pregnant, scheduled for L5-S1 discectomy due to disabling lumbar pain.

Anaesthetic technique was established as general anaesthesia. The induction of anaesthesia was uneventful and accomplished with rapid sequence induction with lidocaine, propofol, rocuronium and remifentanyl in perfusion. Intubation was successful at first attempt with videolaryngoscope and ramped position. After intubation the patient was rolled over to the prone position. Sevofluran was used for maintenance of anaesthesia. Analgesia was accomplished with 1g of paracetamol and with administration of ropivacaine and morphine in the epidural space under direct visualization by the surgeon. The patient maintained hemodynamic and ventilatory stability during surgery. Emergence from anaesthesia was uneventful. The patient was taken to the post anaesthesia care unit awake and well. Fetal viability was confirmed with US.

Conclusions Regional anaesthetic techniques during pregnancy are preferred because they minimize fetal drug exposure. Nevertheless, in this case the benefits of general anaesthesia outweighed those of regional one. The length of surgery, the prone position required and the risk of difficult surgical intervention conditioned the choice of anaesthetic technique. However, we minimized fetal exposure to systemic opioids by adopting a multimodal analgesia strategy.

EP035 ZOSTER ASSOCIATED PAIN INNERVATED BY THE DORSAL RAMUS OF THORACIC SPINAL NERVE WOULD BE A RISK FACTOR OF CHRONIFICATION ?

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Background and Aims Herpes zoster(HZ) inflammation in the ganglia and the retrograde transport along peripheral nerves result in severe neuropathic pain and skin rash. HZ is often diagnosed based on the dermatome affected by skin rash of the ventral rami of the thoracic spinal nerves. However, the HZ rash and pain are not always accompanied by symptoms on the posterior trunk innervated by the dorsal ramus of the spinal nerve. We investigated whether zoster-associated posterior trunk pain, innervated by the dorsal ramus of the spinal nerve, contributes to the chronicity of pain.

Methods We conducted a retrospective cohort study in our department. We reviewed the medical records of 82 outpatients who had initiated treatment for thoracic zoster-associated pain within 90 days of onset. The participants were divided into two groups based on the presence or absence of posterior trunk pain at the initial visit: 51 patients with pain (+) and 31 patients without pain (-). We compared the duration of treatment and the rate of chronicity in the two groups using Excel statistics.

Results No significant differences in the background of the patients were observed between the two groups. The median (interquartile range) duration of treatment was 86 (39-157) days for the (+) group and 75 (36.5-115) days for the (-) group. There was no significant difference in the rate of chronicity or duration of treatment based on the presence or absence of pain.

Conclusions It was not possible to confirm that zoster-associated posterior trunk pain innervated by the dorsal ramus contributes to the chronification.