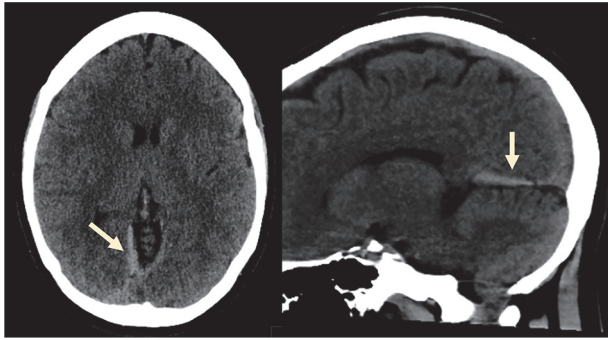


that day. The venous cerebral CT scan revealed a 'thin subdural hematic lamina', with no other significant findings. She was evaluated by Ophthalmology and Neurology, who considered the IHPEBP to be the most likely cause of the headache.



Abstract EP077 Figure 1 Venous CT scan revealing a 'thin subdural hematic lamina'

Conclusions The lack of more widespread recognition of this condition is probably caused by a superficial similarity of presenting features: headache is the predominant symptom experienced by patients with IHPEBP and patients with PDPH. For a correct differential diagnosis, additional diagnostic tests and a multidisciplinary discussion should be considered. Lack of familiarity with this complication can result in misdiagnosis.

EP078 MOTOR BLOCKADE IN LABOR ANALGESIA: LOOK AT THE BRIGHT SIDE

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10.1136/rapm-2023-ESRA.140

Background and Aims Vaginismus is a condition characterized by an aversion to vaginal penetration due to actual or anticipated pain. This can pose challenges during pregnancy and delivery.

Methods We report a case of a 25-year-old pregnant woman from Bangladesh with severe vaginismus admitted in the labor unit for induction at 41 weeks of gestation. It should be noted that the patient wished to experience a eutocic delivery. Therefore, induction was initiated with endovaginal prostaglandin under fetal monitoring, despite the background. A few hours later, the patient started to develop contractions and did not tolerate further obstetric evaluations due to severe pain on vaginal examination. After a multidisciplinary discussion, we decided to proceed with epidural anesthesia before any further examinations. Ropivacaine 0.5% was used to produce analgesia and motor blockade at S2-S4 level to reduce spasming. The remaining vaginal evaluations were uneventful. A trial of vaginal labor was attempted, but eventually induction failure was presumed, and the patient underwent cesarean section under epidural anesthesia. Postoperative analgesia included intravenous paracetamol and ketorolac and fixed epidural boluses of ropivacaine. Maternal and fetal outcomes were favorable, and the parturient reported satisfaction with

the adopted approach. Recent improvements in labor epidural analgesia have prioritized pain relief without motor blockade. Vaginismus increases the risk of requiring instrumentation, or cesarean delivery, as well as perineal and vaginal trauma.

Conclusions Early epidural analgesia with some degree of motor blockade can be a valid approach in the management of the laboring woman with vaginismus, facilitating vaginal delivery, reducing complications, and ensuring patient satisfaction.

ePoster session 3 – Station 2

EP079 INTERCOSTAL NERVE NEUROLYSIS FOR CANCER-ASSOCIATED CHEST WALL PAIN: A CASE REPORT

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10.1136/rapm-2023-ESRA.141

Background and Aims Intractable cancer-related chest wall pain is a challenging condition that significantly affects the quality of life for patients with advanced cancer. Traditional pain management approaches, such as opioids and adjuvant medications, may not provide adequate relief in some cases. This case report describes a 21-year old patient with intractable cancer-associated chest wall pain who was treated with intercostal nerve neurolysis. The patient was previously diagnosed with a rapidly growing unresectable Ewing sarcoma of the 7th rib and admitted for uncontrolled pain despite maximum tolerated dose of opioid and coanalgesic medication.

Methods First, a diagnostic ultrasound-guided nerve block of the 6th through 8th intercostal nerves was performed, using 1 mL of 2% lidocaine per level. Within 30 minutes there was a reduction in over 90% of the pain, deeming the block positive. This was followed by chemical neurolysis of the 6th through 8th intercostal nerves using 2 mL of 80% alcohol per level, under ultrasound guidance.

Results There was significant pain relief. No adverse events were observed. The patient was discharged 36 hours later with minimal pain. At one week follow-up the patient had persistent pain control with no need for rescue medication. Monthly follow-up was planned to evaluate long term analgesia.



Abstract EP079 Figure 1 Picture of the patient's chest demonstrating the extent of the tumor