recovery, such as days alive and out of hospital (DAOH),
which is a patient-centered outcome measure. This study
aimed to evaluate DAOH as a predictor of prognosis after
LTX.

**Methods** We retrospectively included 246 patients who under-
going LTX at Severance Hospital, between 2012 and 2021.
The optimal cut-off DAOH for prediction of postoperative
overall survival was at 21.5 days using receiver operating char-
aracteristic analysis. We compared the preoperative, intraopera-
tive and postoperative variables between LTX patients with
DAOH>21.5 and those with DAOH<21.5.

**Results** Patients with DAOH<21.5 were older (60 vs. 56 yrs)
and more patients with DAOH<21.5 were hospitalized (66% vs.
52%), admitted in the intensive care unit (55% vs. 35%)
and on mechanical ventilation (48% vs. 27%) compared to
those with a DAOH>21.5. More patients with DAOH>21.5
were successfully weaned from extracorporeal membrane oxy-
genation during surgery (65% vs. 43%). The incidence of
acute kidney injury, postoperative reoperation, pneumonia and
sepsis were higher in patients with DAOH<21.5. Survival at 1
month and 1 year were significant higher in the
DAOH>21.5 group compared to those with DAOH<21.5 (100% vs.
81% and 89% vs.47%).

**Conclusions** Our findings suggest that the DAOH, which is a
patient-centered outcome, is a useful surrogate marker for
indicating patient’s postoperative recovery after LTX.

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**EP105** **LOCAL ANAESTHETIC CHALLENGE TESTING IN TERM
PREGNANCY: A CASE REPORT**

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10.1136/rapm-2023-ESRA.167

**Background and Aims** Genuine allergic reactions to amide
local anaesthetics are extremely rare. When a 32 year old parturient
with Local Anaesthetic (LA) Allergy presented to the Obstetric
Anaesthetic Clinic, further investigation into the allergy was
required. This lady, with a background of Charcot-Marie-
Tooth disease, was told to avoid all LA after collapsing
during a dental procedure as a child. During her first pregnancy
in another hospital, she was told she would not receive any
LA and had Entonox for labour analgesia and was given Gen-
eral Anaesthesia (GA) for a perineal tear repair. Following this
experience she developed Post Traumatic Stress Disorder. She
subsequently requested a caesarean under GA for this preg-
nancy. We referred her to the Allergy Clinic for a conclusive
diagnosis.

**Methods** The 38 week parturient was admitted to Labour
Suite and under the advice of the Allergy Clinic, we
performed subcutaneous challenge testing of Lidocaine and Levo-
bupivacaine. We consented her for the testing, risk of
anaphylaxis and early delivery of the baby including emer-
gency caesarean section, and ensured all emergency drugs and
equipment were available. We monitored Pulse, Blood Press-
ure, Peak Expiratory Flow Rate, and Cardiotocography.
Increasing doses of Lidocaine were given incrementally at 20
minute intervals. Between each step, we observed the patient
for signs of haemodynamic instability and local allergy. We
waited one hour before testing the Levobupivacaine in the
same way.

**Results** The lady did not develop any allergic reactions and
can now have LA in future.

**Conclusions** LA allergy testing at term pregnancy can safely
identify true LA allergy.

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**EP106** **NOVEL THERAPEUTIC AGENTS IN PAIN MANAGEMENT
OF PATIENTS WITH FIBROMYALGIA**

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10.1136/rapm-2023-ESRA.168

**Background and Aims** Fibromyalgia is a disorder that affects
many people around the world, with symptoms that include
diffuse chronic musculoskeletal pain, fatigue, unrefreshing
sleep, cognitive dysfunction, headaches, and morning stiffness.
The pain associated with fibromyalgia can be difficult to man-
age. The aim of this revision is to analyze the potential of
new therapeutic agents for the pain management of patients
with fibromyalgia.

**Methods** A systematic review was conducted to identify
articles published after 2017, which evaluated the efficacy of
novel therapeutic agents in pain management for fibromyalgia
patients.

**Results** Pharmacological treatment options for fibromyalgia
include cannabinoids and anti-nerve growth factor agents,
which have shown effectiveness in reducing pain and improv-
sing sleep. Non-pharmacological interventions, such as non-
invasive brain stimulation and mind-body therapies, have also
been shown to aid in fibromyalgia pain management. Transcra-
trial magnetic stimulation (TMS), a form of non-invasive brain
stimulation, has been shown to reduce pain in patients with
fibromyalgia. Mind-body therapies, on the other hand, have
been shown to reduce stress and help patients cope with
fibromyalgia.

**Conclusions** Combining pharmacological and non-pharmacolog-
ical interventions may provide the most effective treatment
approach. Treatment plans need to be individualized, as each
person can develop fibromyalgia for different reasons. While
some people may respond well to a combination of medica-
tions and physical therapy, others may benefit more from
physical therapy alone. There is still a need for more effective
and targeted treatments for fibromyalgia-associated pain.
Further research is needed to fully understand the mechanism
of action, safety, and efficacy of these interventions in fibromyal-
gia patients.

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**EP107** **EPIDURAL ANESTHETIC IN THE PREGNANT WOMAN
WITH MULTIPLE SCLEROSIS UNDERGOING CESAREAN
SECTION: A SAFE OPTION**

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10.1136/rapm-2023-ESRA.169

**Background and Aims** Multiple Sclerosis (MS) is an autoim-
nune disease of the central nervous system characterized by
chronic inflammation with subsequent demyelination. Choosing
the anesthetic technique for cesarean section in patients with
MS can be challenging, especially in view of concern for

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Abstracts