

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 undergoing 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 characteristic analysis. We compared the preoperative, intraoperative 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 DOAH<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 oxygenation 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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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's 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 General 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 pregnancy. 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 Levobupivacaine. We consented her for the testing, risk of anaphylaxis and early delivery of the baby including emergency caesarean section, and ensured all emergency drugs and equipment were available. We monitored Pulse, Blood Pressure, 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.

EP106 NOVEL THERAPEUTIC AGENTS IN PAIN MANAGEMENT OF PATIENTS WITH FIBROMYALGIA

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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 manage. 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 improving sleep. Non-pharmacological interventions, such as non-invasive brain stimulation and mind-body therapies, have also been shown to aid in fibromyalgia pain management. Transcranial 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-pharmacological 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 medications 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 fibromyalgia patients.

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

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Background and Aims Multiple Sclerosis (MS) is an autoimmune 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