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 DAOH<21.5 were hospitalized (66% vs. 52%), admitted to 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 was 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.

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 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.

**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...
disease aggravation when using neuraxial techniques. We report a safe anesthetic management of a woman with MS undergoing cesarean section with epidural anesthesia.

Methods A 40-year-old woman with secondary progressive MS manifesting as left hemiparesis, proposed for elective cesarean section. In anesthesia consultation, the risks and benefits of neuraxial anesthesia were explained. After obtaining informed consent, under standard ASA monitoring, we performed an uneventful epidural anesthesia (L3-L4) with ropivacaine 0.75% 12ml (90mg) and sufentanil (10μg). For analgesia, paracetamol (1000mg), ketorolac (30mg) and epidural morphine (2mg) were administered.

Results Hemodynamic stability was observed throughout the procedure. The surgery was uneventful and the epidural catheter was removed in Postanesthesia Care Unit. Effective analgesia was achieved. The patient, discharged and sent home after 3 days, manifesting neurological deficits similar to the preoperative period. After 1.5 months in neurology consultation, superimposed neurological condition was observed, with no reports of relapse.

Conclusions Currently, sufficient evidence for safe administration of epidural anesthesia is available in patients with MS. No correlation was found between epidural anesthesia and disease exacerbation. This has been theorized to be of less risk than spinal anesthesia due to the reduced concentration of local anesthetic in intrathecal space. With this case, we conclude that epidural anesthesia may be a safe option for cesarean delivery in women with MS.

informed consent.jpg

EP108 ANALGESIC EFFICACY OF IPACK BLOCK IN PRIMARY TOTAL KNEE ARTHROPLASTY

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Background and Aims Peripheral regional anesthesia has been integrated into most multimodal analgesia protocols for total knee arthroplasty which considered among the most painful surgeries with a huge potential for chronicization. The adductor canal block (ACB) has gained popularity. Similarly, the IPACK block has been described to provide analgesia of the posterior knee capsule. This study aimed to evaluate the analgesic efficacy of this block in patients undergoing primary PTG.

Methods 90 patients were randomized to receive either an IPACK, an anterior sciatic block, or a sham block (30 patients in each group + multimodal analgesia and a catheter in the KCA adductor canal). GROUP 1 KCA GROUP 2 KCA+BSA GROUP 3 KCA+IPACK The analgesic blocks were done under echo-guidance preoperatively respecting the safety rules, the dose administered was 20 cc of ropivacaine 0.25% was used. We were to assess posterior knee pain 6 hours after surgery. Other endpoints included quality of recovery after surgery, pain scores, opioid requirements (PCA morphine)(EPI info 7.2 analysis).

Results Groups were matched - A predominance of women (4F/1H). -average age: 68 +/-7 years -the average BMI =31.75 kg/m2 +/- 4. -70% of patients ASA2 ,20% ASA3. - The average duration of the intervention: 89 +/- 19 minutes. -Morphine consumption (PCA) significantly higher in group 1 (16mg) & group 2 (8mg) group 3 (4mg) – The groups were matched. -There was a correlation between the use of the ipack block and postoperative pain

Conclusions In a multimodal analgesic protocol, the addition of IPACK block decreased pain scores and morphine consumption , efficacy ipack in TKA efficacety ipack in TKA

ePoster session 4 – Station 1

EP109 CANNABINOIDS WITH POTENTIAL PROTECTIVE ROLE FOR PACLITAXEL TREATED NEURONS, PRELIMINARY DATA

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Background and Aims Chemotherapy-induced peripheral neuropathy (CIPN) is a common side effect for 30–40% of patients undergoing neurotoxic chemotherapy, Paclitaxel (PTX) being responsible for over 70% of these cases. Previous studies have shown that cannabinoids could improve CIPN symptoms. Therefore, we screened several natural or synthetic cannabinoids that could be used for treating Paclitaxel-induced peripheral neuropathy, using an in-vitro neural model.

Methods Dorsal root ganglions (DRG) from adult mice were harvested and subjected to several enzymatic reactions, followed by isolation of neurons using a concentration gradient. Subsequently, neurons were treated with a solution of PTX and different cannabinoids, then monitored for 72h, with images taken at different time points, with special interest in axonal length. Statistical analysis was performed.

Results When added to the PTX treatment, the selected cannabinoids showed a variably positive, concentration and time-dependent effect vs PTX treatment alone on axon length shortening. The cannabinoids reduced the toxic effects on the neurites of treated neurons, at all-time points and concentrations, significant for a neuroprotective effect that could impact CIPN.

Conclusions The study focused on screening the influence of several natural and synthetic cannabinoids, on the neuronal morphology under the PTX toxic effects. Our findings highlight that the selected cannabinoids could have a protective effect on Pacltaxel treated DRG neurons. Consequently, these types of compounds could be potential new candidates for the treatment of Pacltaxel-induced peripheral neuropathy. Finally, these preliminary results will be the groundwork of further in vitro and in vivo studies, in order to fully prove our hypothesis.

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EP110 INHIBITION OF NLRP3 INFLAMMASOME ACTIVATION CONTRIBUTES TO ANTI-ALLODYNIC EFFECT OF INTRATHECAL GASTRODIN IN SPINAL NERVE LIGATION MODEL OF RAT

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Background and Aims Intrathecal gastrodin decreases the expression of NLRP3 inflammasome components, inhibits the maturation of IL-1β and caspase-1, and reduces the severity of inflammatory cytokines. Gastrodin also inhibits the activation of NLRP3 inflammasome in mouse models of peripheral neuropathy. In this study, gastrodin was tested in the rat model of peripheral nerve injury-induced allodynia.

Methods Rats were subjected to left sciatic nerve ligation (NSL) with gastrodin (150 μg) intrathecally (IT) 7 days after nerve injury. The control group was injected with saline. On Day 21, mechanical allodynia was assessed by the von Frey method. The sciatic nerve was removed from the lumbar spinal cord. The mRNA of the NLRP3 inflammasome components was measured by real-time PCR. The single-cell counts of the NLRP3 inflammasome components were also detected using confocal microscopy.

Results In the NSL group, gastrodin significantly reduced mechanical allodynia compared to the saline control group. The mRNA expression of NLRP3 inflammasome components was significantly lower in the gastrodin group than in the saline control group. The single-cell counts of the NLRP3 inflammasome components were also significantly reduced in the gastrodin group.

Conclusions These findings suggest that gastrodin inhibits the activation of the NLRP3 inflammasome, which contributes to the anti-allodynic effect of intrathecal gastrodin in the rat model of peripheral nerve injury-induced allodynia.

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