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

Methods 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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10.1136/rapm-2023-ESRA.170

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 ,

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ePoster session 4 – Station 1

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

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10.1136/rapm-2023-ESRA.171

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 Paclitaxel treated DRG neurons. Consequently, these types of compounds could be potential new candidates for the treatment of Paclitaxel-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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10.1136/rapm-2023-ESRA.172