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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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 efficacy ipack in TKA