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.
Background and Aims: Gastrodin (a main bioactive component of herbal plant, Gastrodia elata) has been shown to have beneficial effects in preclinical models of CNS disorders and clinical trial for migraine. Inflammasome is a multimeric protein complex having a core of pattern recognition receptor and has been implicated in the development of neuroinflammatory diseases. Gastrodin has shown to modulate the activation of NLRP3 (NOD-like receptor protein 3) inflammasome. This study investigated the effects of gastrodin on neuropathic pain and the associated changes of activation of NLRP3 inflammasome at spinal level.

Methods: Intrathecal catheter implantation and spinal nerve ligation (SNL) were used for drug administration and pain model in male Sprague-Dawley rats with approval of Ethical Committee (CNUHIAUC-21056). Anti-aldolycenic effect of gastrodin or MCC950 (NLRP3 inflammasome inhibitor) was measured by von Frey test. Changes of NLRP3, ASC, caspase-1 and IL-1β and cellular expression were examined in the spinal cord and dorsal root ganglion.

Results: Intrathecal injection of gastrodin significantly attenuated SNL-induced mechanical allodynia. MCC950 also showed anti-aldolycenic effect, but only about 50% of the maximum effect of gastrodin. Protein and mRNA levels of NLRP3 components and IL-1β were upregulated in SNL animals compared to sham animals, which was significantly reduced by intrathecal treatment of gastrodin. NLRP3 inflammasome were expressed mostly in the neurons, and its fluorescent intensity was also reduced by intrathecal gastrodin.

Conclusions: NLRP3 inflammasome was expressed mainly in the neurons at spinal level and greatly increased in SNL. Intrathecal gastrodin has anti-aldolycenic effect in SNL model partly through suppressing NLRP3 inflammasome and IL-1β.

Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims: Analgesic options are limited for postoperative pain after renal transplantation. This study aimed to investigate whether a unilateral anterior quadratus lumborum block would reduce postoperative opioid consumption after living donor renal transplantation in the context of multimodal analgesia.

Methods: Eighty-eight adult patients undergoing living donor renal transplantation were randomly allocated to receive either unilateral anterior quadratus lumborum block (30ml ropivacaine 0.375%) or sham block (normal saline) on the operated side. All patients received multimodal analgesia including scheduled administration of acetaminophen and a fentanyl intravenous patient-controlled analgesia. Primary outcome was total opioid consumption for the first postoperative 24 hours (oral morphine milligram equivalent [MME]). Secondary outcomes included pain scores, time to first opioid, cutaneous temperature, nausea/vomiting, quality of recovery scores, time to first ambulate, and hospital stays.

Results: Total opioid consumption in the postoperative 24 hours was not significantly different between the intervention group and control group (median [IQR], 160.5 [78–249.8] vs. 187.5 [93–309] MME; median difference [95% CI], -27 [-78 to 24], P=0.285). There were no differences in secondary outcomes.