



Abstract 26 Figure 2



Abstract 26 Figure 3

27 **ANAESTHETIC MANAGEMENT IN PARTURIENT WITH COARCTATION OF AORTA, PATENT DUCTUS ARTERIOSUS AND ARNOLD CHIARI MALFORMATION FOR ELECTIVE CAESAREAN SECTION**

L Aishwarya\*, RS Mane, MC Patil. *Jawaharlal Nehru Medical College, KLE University, Belagavi, India*

10.1136/rapm-2021-ESRA.27

**Background and Aims** Coarctation of aorta represents 6%-8% of CHD with associated Patent ductus arteriosus. Arnold chiari malformation is characterized by prolapse of cerebellar tonsils below the foramen magnum causing compressive symptoms. The primary goal is to minimize the incidence of haemodynamic stressor response and brainstem herniation which is a possible risk with endotracheal intubation.

**Methods** A case of 24year G2P1L0 with 34weeks POG, a known case of ACM was diagnosed with COA and PDA. She was planned for elective caesarean due to uncontrolled upper limb hypertension. Examination revealed pansystolic murmur and Loud P2 with suzzman's sign positive. She had feeble femoral pulse with radiofemoral delay. Uppler limb BP : 190/100 mmhg and lowerlimb BP: 130/80 mmhg. 2DEcho revealed Large PDA with left to right shunt, dilated RA, RV. Severe COA with PPG 76 mmhg. Trivial TR with PPG 40 mmhg. No sensory and motor deficits noted. Graded epidural anaesthesia was administered.

**Results** Parturient with congenital anomalies has been successfully managed perioperatively with graded epidural doses and by providing adequate post-operative analgesia.

**Conclusions** Parturient with Coarctation of the aorta and Arnold chiari malformation presents with unique challenges to the anaesthetist and management must be tailored to avoid hemodynamic instability and associated risk of tonsillar herniation. The use of epidural anaesthesia in graded dose was successful in achieving this goal.

28 **LOCAL ANAESTHETIC SYSTEMIC TOXICITY AFTER AXILLARY BRACHIAL PLEXUS BLOCK IN AMBULATORY SURGERY – A CASE REPORT**

<sup>1</sup>GS Sousa\*, <sup>2</sup>M Oliveira, <sup>2</sup>P Esperança, <sup>3</sup>E Segura Grau. <sup>1</sup>*Centro Hospitalar Tondela-Viseu, Viseu, Portugal*; <sup>2</sup>*Centro Hospitalar Universitário São João, Porto, Portugal*; <sup>3</sup>*Anesthesiology, Centro Hospitalar Tondela-Viseu, Viseu, Portugal*

10.1136/rapm-2021-ESRA.28

**Background and Aims** Local anaesthetic systemic toxicity (LAST) is a rare but potentially fatal complication of regional anaesthesia. LAST affects two major systems, namely neurologic and cardiovascular<sup>1</sup>. The number of regional anaesthesia has been increasing and the risk of LAST, despite all the good practices, increases proportionally. Axillary brachial plexus block is reported as the most associated block to LAST events.<sup>2</sup>

We pretend to increase awareness to this rare but life-threatening entity.

**Methods** Case report and literature review.

**Results** A 55-years-old female patient, ASA II, was admitted for left hand ambulatory surgery. It was performed an ultrasound-guided axillary brachial plexus block. The left axillary artery and the branches of median, radial and cubital nerves were identified. Then 200 mg of mepivacaine and 37.5 mg of levobupivacaine were administered through an in-plane

technique. Ten minutes later, the patient became agitated, referring general discomfort, blurred vision, perioral numbness and metallic flavour. She became progressively more lethargic and less responsive to stimulus. She became bradycardic and with high blood pressure. LAST treatment was immediately started according to our hospital's protocol. After stabilization, she was admitted to anaesthetic post-care unit for surveillance and treatment of eventual complications. The symptoms progressively disappeared and she was discharged on the day after.

**Conclusions** Despite ultrasound technique may increase safety compared with landmark block technique, the risk of vascular injection is not completely abolished.<sup>3</sup> The anatomical inter-individual differences of brachial plexus vascularization could be the major factor for reported LAST cases after this approach.

### 29 POSTOPERATIVE DELIRIUM: A SURGEON'S DILEMMA

R Khandelwal\*. *AHPGIC, Cuttack, India*

10.1136/rapm-2021-ESRA.29

**Background and Aims** Iatrogenic meningitis following spinal anesthesia is rare but serious complication which can perplex the surgeon. The diagnosis of iatrogenic meningitis is difficult in the usual setting. As, all post-operative complications are directly targeted at the surgeon, this one too puts the surgeon in a challenging situation. It at times becomes difficult to explain to the relatives the cause of the patient's condition.

**Methods** A 49 year female attended the OPD for complain of post menopausal bleeding since 3 months. Her ultrasound report showed an endometrial thickness of 11 mm with slightly enlarged uterus. An office endometrial biopsy (EB) was done. The EB report was suggestive of simple hyperplasia without any atypia. So, considering her symptoms she was planned for vaginal hysterectomy and, pre-anaesthetic clearance was obtained. Eight hours following the surgery, the patient was found to be somnolent and confused.

**Results** Post-spinal meningitis should be considered in differential diagnosis of patients having post-spinal headache, convulsions and changes in mental status. Its etiology includes failure of aseptic techniques, presence of asymptomatic bacteremia, contamination during puncture through microscopic bleeding and possibility of aseptic chemical meningitis.

**Conclusions** The diagnosis of post-spinal aseptic meningitis caused probably by the hyperbaric bupivacaine injected in the subarachnoid space was made and this should alert surgeon and anesthesiologist about the possible but rare consequences of spinal anesthesia. We believe that the rarity of this complication necessitates health care providers all over the world to share such cases for early diagnosis and for instituting proper care to such patients.

### 30 CASE REPORT: IMPORTANT CONSIDERATIONS FOR NEURAXIAL ANAESTHESIA IN THE MULTIDISCIPLINARY MANAGEMENT OF THE PATIENT WITH PLACENTA ACCRETA

S Chan\*, R James. *Royal Victoria Hospital, Belfast, UK*

10.1136/rapm-2021-ESRA.30

**Background and Aims** Placenta accreta is a spectrum disorder ranging from abnormally adherent to deeply invasive placental tissue. It is frequently associated with major obstetric haemorrhage. Multidisciplinary planning is vital in optimising maternal and fetal outcomes. In this case report, we describe some important considerations for the anaesthetist planning the use of neuraxial techniques for prophylactic procedures prior to caesarean section. Awareness of the limitations of patient positioning for these procedures is required in order to avoid difficulties in administering neuraxial blockade. In particular, the need to avoid hip flexion following iliac artery balloon insertion can hinder subsequent patient positioning for spinal or epidural anaesthesia.

**Methods** Case report and review of the literature.

**Results** A 47 year old parturient with placenta accreta, possibly invading the cervix and bladder serosa, presented for elective caesarean section. Prophylactic measures to reduce the risk of major haemorrhage began with radiological iliac artery occlusion balloon insertion under local anaesthetic. Thereafter, she underwent spinal anaesthesia to facilitate cystoscopy and prophylactic bilateral ureteric stent insertion. However, due to the need to avoid hip flexion and the risk of dislodging the balloon catheters, these procedures had to be carried out with the patient in a suboptimal position. The intrathecal block was administered with the patient in the left lateral position, without any hip or knee flexion, increasing technical difficulty. We discuss the implications of this and possible solutions.

**Conclusions** Multidisciplinary planning can help avoid potential pitfalls in administering neuraxial techniques to patients with placenta accreta undergoing multiple prophylactic procedures.

### 31 REGIONAL ANAESTHESIA MANAGEMENT OF A TRAUMA PATIENT WITH UPPER AND LOWER EXTREMITY INJURIES

<sup>1</sup>M Georgiou\*, <sup>1</sup>E Xynis, <sup>2</sup>S Coppens. <sup>1</sup>Nicosia General Hospital, Nicosia, Cyprus; <sup>2</sup>University Hospitals, Leuven, Belgium

10.1136/rapm-2021-ESRA.31

**Background and Aims** Regional anaesthesia remains an essential part of perioperative care. Along with excellent pain control it reduces opioid need while diminishing stress response. Despite these obvious advantages, regional anaesthesia is often underutilized in trauma patients. This is due to time management issues as well as fear of complications like masking of compartment syndrome and nerve damage. We present a case of multiple trauma patient with upper and lower extremity injuries managed solely with regional anaesthesia and sedation.

**Methods** 47-year-old male 75 kg presented to the emergency department after a motorcycle accident with fractures of the left femur, pelvis, right tibia and left wrist. Further radiological results were negative. The patient showed signs of upper respiratory tract infection. The perioperative plan incorporating regional anaesthesia was consented.

**Results** Combined spinal epidural anaesthesia was initiated for surgery of lower extremity injuries. Additionally, an infraclavicular block was performed for anaesthesia of wrist fracture. Sedation with propofol and ketamine aided with protracted operative time. The procedure was further uneventful.

**Conclusions** Trauma patients are more prone to long term opioid dependence. Therefore sparing opioid use and