

Methods We report the case of a 28 years-old cyclist with pain in the left inguinal region and medial region of the left thigh (vas score 2 at rest), which was accentuated by external rotation movements and lateral knives (vas score 6). The clinical examination showed left adductor muscles swelling and stiffness with deep palpation pain. With the patient in the supine position and 30° external rotation of the lower limb, the ultrasonography associated with elastosonography showed signs of left adductor muscle contracture (blue chromatic areas). Figure 1

Results Ultrasound-guided dry-needling was performed with a sterile seirina j-type acupuncture needle, size n° 8 causing evocation of twiches of the left adductor muscles. At the end of therapy, the elastosonography re-evaluation showed signs of revascularization and major elasticity of the treated area (red chromatic areas) figure 2, there was no muscle swelling and stiffness, VAS score 0.

During the 25th-day follow-up, the patient referred muscle fatigue at the end of training, VAS score 1–2. A second dry-needling procedure was repeated, the patient reported VAS score 0 and the elastosonography showed signs of revascularization and major elasticity. Figure 3

Conclusions Our clinical and elastosonographic results, confirm that dry-needling may be an effective therapeutical option for musculoskeletal pain caused by myofascial trigger points.

75

CLINICAL COURSE OF PATIENTS WITH LUMBAGO

¹L Molla*, ²K Preza. ¹Pharmacy Gledis, Tirana, Albania; ²Continental Hospital, Tirana, Albania

10.1136/rapm-2021-ESRA.75

Background and Aims The aim of this study was to assess the clinical course of patients with lumbago through 12 weeks and to identify the prognostic factors for non-recovery in the short term.

Methods A total of 74 patients with acute lumbago (<3 weeks) were followed up at University Hospital Centre in Tirana, Albania during the year 2019. Baseline assessments including demographic variables, clinical characteristics of pain, lost work time and results of clinical examination were noted. Pain intensity and disability, were assessed according to visual analogue scale and Roland Morris Disability Questionnaire (RMDQ), respectively. Patients were assessed for pain intensity and disability at baseline, and at 1, 2, 4, 8 and 12 weeks of follow-up. Recovery was considered if patients scored <4 on the RMDQ and pain had resolved. The study was approved by National Medical Ethics Committee of Albania.

Results At 2 weeks, 52 (58%) of the patients had recovered and only eight (9%) developed chronic LBP. Severe disability was noted among male patients (79%) and married patients (82%). Mean pain intensity and mean disability scores dropped 94% and 95.2%, respectively, of initial levels during the 12 weeks. Fifty eight percent of employed patients reported lost time from work.

Conclusions Patients with disability generally recover in the first weeks. Pain usually is the major complaint of patients with problems of the back and should be given particular consideration in baseline assessments of patients with acute lumbago.

76

CANCER-RELATED NEUROPATHIC PAIN (CRNP): GIVING EUROPEAN PATIENTS A VOICE

¹D Dupouiron*, ²S Brill, ³C Eeltink, ⁴B Barragán, ⁵D Bell, ⁶G Petersen, ⁷S Schofield, ⁸M Rakusa, ⁹D Ryan. ¹Institut de Cancérologie de l'ouest, Département Anesthésie – Douleur, Angers Cedex 02, France; ²European Pain Federation EFIC, Brussels, Belgium; ³Amsterdam UMC, Location VUmc, Department of Hematology, Amsterdam, Netherlands; ⁴Grupo Español de Pacientes con Cáncer (GEPAC), Madrid, Spain; ⁵Macmillan Cancer Support, London, UK; ⁶Grünenthal GmbH, Aachen, Germany; ⁷Grünenthal Ltd, Stokenchurch, UK; ⁸University Medical Centre Maribor, Department of Neurology, Maribor, Slovenia; ⁹Pain Alliance Europe, Brussels, Belgium

10.1136/rapm-2021-ESRA.76

Background and Aims Neuropathic pain is a common long-term consequence of cancer and its treatments. A European survey has been conducted to collect insights about the diagnosis and management of CRNP and the impact on patient's lives.

Methods From February to June 2021, an online survey was conducted in 13 European countries. Adult (18+) patients consenting to participate, diagnosed with cancer and experiencing neuropathic pain according to DN4 criteria and finishing the survey were included in the analyses. Survey questions were prepared together with patient representatives, clinical experts and nurses. Patients were recruited via consumer and patient online market research panels and via patient associations.

Results 549 respondents with CRNP completed the survey, thereof 62% females vs 38% males and 63% below the age of 56 years. 39% of patients had breast cancer and the remaining a variety of other cancer types. 32% had not received a formal CRNP diagnosis, although 89% met 4 or more DN4 criteria. 32% of respondents reported severe pain on a daily basis. 61% responded that CRNP negatively impacts their day-to-day activities and 30% had to retire or stop working because of their CRNP. Provision of better treatments to help manage CRNP are key for 76% of patients.

Conclusions The results of this survey demonstrate that CRNP has a significant impact on the patients' daily lives. Actions need to be taken to better educate healthcare professionals about the diagnosis and treatment of CRNP and to support healthcare professional-patient communication to achieve better outcomes.

77

SERRATUS ANTERIOR PLANE BLOCK (SAPB) FOR THE TREATMENT OF RESISTANT HERPES ZOSTER THORACIC PAIN AND NEURALGIA: DEAFFERENTATION AS AN OPTIMAL CHANCE FOR PAIN RELIEF

¹M Mazzocchi*, ²B Mascia, ²F Riccardi, ²D Passador, ²M Ferrari, ²G Ragni, ²F Mojoli. ¹Galeazzi Orthopaedic Institute, I.R.C.C.S. (Scientific Institute for Research, Hospitalization and Health Care), Milan, Italy; ²Foundation Policlinic San Matteo, I.R.C.C.S. (Scientific Institute for Research, Hospitalization and Health Care), Pavia, Italy

10.1136/rapm-2021-ESRA.77

Background and Aims Herpes Zoster reactivation causes inflammatory and hemorrhagic reaction in the posterior roots of spinal nerves and sensitive ganglia. Postherpetic neuralgia (PHN)¹ is a neuropathic pain that occurs in 25% of patients older than 50^{2,3}. Pharmacological therapy is often ineffective; intrathecal steroid injections and nerve blocks may be tried⁴.