

**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

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**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

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**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

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**Background and Aims** Herpes Zoster reactivation causes inflammatory and hemorrhagic reaction in the posterior roots of spinal nerves and sensitive ganglia. Postherpetic neuralgia (PHN)<sup>1</sup> is a neuropathic pain that occurs in 25% of patients older than 50<sup>2,3</sup>. Pharmacological therapy is often ineffective; intrathecal steroid injections and nerve blocks may be tried<sup>4</sup>.

Serratus anterior plane block (SAPB)<sup>5</sup> could provide effective analgesia.

**Methods** We treated 2 female patients with PHN, unresponsive to medical therapies, 56 and 74 yo; pain was localized in the antero-lateral area of thorax, limiting free movements of ipsilateral arm. Pain was strong (NRS score 8 and 10), stabbing and burning, exacerbating in absence of stimuli and without relief during the night.

We performed an ultrasound-guided SAPB with 0.25%-levobupivacaine 30 ml and dexamethasone 8 mg at 5<sup>th</sup> intercostal space.

**Results** Both patients had immediate pain relief: NRS was 2–3 after 10 minutes, 0–1 after 2 hours. Benefit was substantially maintained over time: at 48 hours, resumption of pain was mild (NRS 2) in the first patient, moderate (NRS 4–5) in the second; in this patient we decided to perform another injection. NRS finally decreased to 2–3 and there was no need for further injections. At two months there was absence of pain for both.

**Conclusions** Long-lasting SAPB with local anesthetic and steroids could be a safe and effective way to treat resistant PHN, and it should be performed as soon as possible to avoid incipit of chronic pain and improve patient quality of life and outcome. Further studies are necessary to confirm our preliminary data.

#### 78 COMPLEX REGIONAL PAIN SYNDROME FOLLOWING POST-HERPETIC NEURALGIA

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**Background and Aims** Complex regional pain syndrome (CRPS) is a rare condition with not fully understood pathophysiology. Most cases are triggered by trauma or nerve lesion and are characterized by abnormal sensory, motor, and/or trophic findings. We present a case of CRPS following post-herpetic neuralgia, aiming to spread awareness about this poorly understood and underdiagnosed condition.

**Methods** A 76-year-old male with known history of hypertension and dyslipidemia was referred to the pain clinic due to uncontrolled pain in his left hand. Three months earlier, he was diagnosed with herpes zoster infection with post-herpetic neuralgia corresponding to the C6-C7 dermatome.

He complained of neuropathic pain with mechanic allodynia and hyperalgesia of the left hand, mainly in D1-D2 fingers, along with a decreased range of motion, temperature asymmetry, hypersensitivity, and diffuse edema, with significant limitation on daily activities.

Scaphotrapezoid osteoarthritis and D1-3 edema were shown in radiography and ultrasound, respectively. Blood evaluation was unremarkable. The patient was diagnosed with CRPS by fulfilling all IASP Clinical Budapest Criteria.

**Results** He started multimodal therapy with gabapentin 300 mg, progressively titrated to 300 mg t.i.d., amitriptyline, and physiotherapy. Two months later, he reported significant functional improvement with decreasing edema and mild pain only.

**Conclusions** Varicella-zoster virus (VZV) is a known precipitating factor in CRPS. However, it is still unknown whether the disease occurs as a continuum of post-herpetic neuralgia or as

a consequence of VZV neurotropism. Pharmacotherapy with gabapentinoids and tricyclic antidepressants have an important role in symptom control, but an early diagnosis and prompt physical rehabilitation are the cornerstones for successful outcomes.

#### 79 THORACIC PARAVERTEBRAL BLOCK FOR CHRONIC PAIN CAUSED BY THORACIC PARAVERTEBRAL MASS IN LEUKEMIA PATIENT

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**Background and Aims** Thoracic paravertebral is now an established regional anesthetic technique for unilateral surgical procedures or painful conditions. It has fewer complications when performed correctly.

Chronic pain is a significant concern in a cancer patient. Morphine has been used as a first-line analgesic strategy for severe pain. The effect of morphine on tumour growth is still contradictory, as both growth-promoting and growth-inhibiting effects have been observed. Accumulating evidence suggests that morphine can affect the proliferation and migration of tumour cells as well as angiogenesis (1)

**Methods** We report here the use of Ultrasound-guided right side thoracic paravertebral block at the level of T2 and T9 for severe back pain, right side chest wall and right side abdominal wall pain of T2 and T9 dermatomes in 56 years old male patient, known case of acute myeloid leukemia (AML-M2) found to have right side thoracic paravertebral masses at levels of T2 and T9.

The 19-gage Tuohy needle inserted USG In-plane, after penetration of internal intercostal membrane 0.25% bupivacaine 20 ml with dexamethasone 4 mg was injected after negative aspiration of blood or air. Total amount: 40 ml of 0.25% Marcaine (20 ml each injection) with Dexamethasone total of 8 mg.

**Results** During the block procedure, no difficulty of breath or desaturation occurred and no hemodynamic change occurred.

In the PACU, the patient was comfortable and free of pain then discharged home. He remains pain-free for 2 days.

**Conclusions** Thoracic paravertebral block is an alternative of morphine for chronic pain caused by thoracic paravertebral mass.

#### 80 METHADONE IN PAIN MANAGEMENT

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**Background and Aims** Adequate analgesia can be challenging, as pharmacological options are not necessarily effective for all types of pain and have various side effects. Methadone is increasingly being considered in the management of both cancer- and non-cancer-related pain.

**Objective:** To summarize the evidence on the effectiveness of methadone and review the side effects and cost of this drug.

**Methods** PubMed, Medline, Embase, and Google Scholar databases were searched to identify Randomized Controlled Trials (RCTs) assessing methadone and a comparison drug.