Serratus anterior plane block (SAPB)⁵ 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 5th 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-gauge 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.

Results A total of 40 RCTs were included. The majority compared methadone to morphine or fentanyl. Methadone was effective in certain orthopedic, spinal, and cardiac surgeries. It was superior to fentanyl in the management of head-and-neck cancer pain. There was variability in the limited data on the management of neuropathic pain. Side effects experienced with methadone use were similar to a comparison drug.

The effectiveness of methadone in the management of post-surgical and cancer pain was dependent on the procedure and cancer type, respectively. Methadone may be useful as an adjunctive analgesic, to lower the dose of another drug.

Conclusions Methadone may be a valuable in the management of post-surgical, cancer, or nociceptive pain, and in patients with renal impairment. Prescribers should consult a specialist prior to starting or discontinuing methadone.

Future Research: Reported outcomes for measuring analgesia must be standardized. Patients should be stratified by procedure and cancer type in future RCTs.

81 ULTRASOUND GUIDED PULSED RADIOFREQUENCY (PRF) FOR THE TREATMENT OF POSTHERPETIC NEURALGIA: A CASE REPORT

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Background and Aims Post-herpetic neuralgia is a persistent pain condition that occurs after an acute vesicular rash of herpes zoster heals¹. The intense and disabling pain affect the patient's quality of life, his quality of sleep and his ability to perform daily activities.

This report describes a treatment case of postherpetic neuralgia with ultrasound-guided PRF.

Methods The case was a 56-year-old woman with a two-month history of continuous pain and burning in the anterior and left thoracic region, left arm. At her first visit, the VAS was 10/10. The patient was in lateral decubitus position on the operating table with slight hyperextension of the neck (figure 1). After preparation of the neck region, a sterile linear probe was placed transversely on the medial edge of the sternocleidomastoid muscle. In this position the body and the transverse process of C6 were identified. The probe was slid caudally to identify the transverse process of C7. Under

Abstract 81 Figure 1

Abstract 81 Figure 2

constant ultrasound guidance and fluoroscopy, a 22 G 100 mm radiofrequency needle was introduced and advanced until it reached the anterior margin of the lungus colli muscle (figure 2). Subsequently, a thermocouple connected to a radiofrequency generator was inserted to reproduce the patient's paresthesia via sensitive stimulation (50 HZ), 0.7–0.9 mV. The pulsed radiofrequency treatment was performed with 1200 pulses at 42°C.

Results At the end of the procedure the patient reported Vas 0.

Conclusions However, further studies would be needed to assess whether the proposed technique could be considered a valid therapeutic tool for pain control.

82 PULSED-RADIOFREQUENCY (PRF) THERAPY IN THE MANAGEMENT OF CHRONIC NEUROPHATIC PAIN DUE TO A NEUROMA FORMATION IN A NEPHROSTOMY SCAR: A CASE REPORT

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Background and Aims A neuroma is a mass of nerve tissue that forms at a site of injury. They can be exquisitely tender when pressure is applied, leading to a loss of function by reducing both movement and contact with the affected area. Pulsed radiofrequency (PRF) is a novel technique that is safe and effective in the management of chronic pain syndromes. However, its effectiveness in treating conditions such as painful neuromas has not been fully elicited. We present a case of a gentleman treated with PRF for a neuroma that alleviated his symptoms of significant neuropathic scar pain.

Methods We assessed this gentleman's pain by assessing his Visual Analogue Scale (VAS), reviewed previous management strategies, current medication and impact of the condition on his life. A single session of ultrasound guided PRF was then delivered to the neuroma.

Results A 66-year old gentleman presented with an 8-year history of persistent neuropathic pain in his right loin associated with a nephrectomy scar despite analgesic medication (oral and transdermal) and trigger point injections. Pain was 7/10 on the VAS scale with significant impact on the patient's psychological wellbeing. After PRF, his pain score improved