

**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 heals<sup>1</sup>. 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