the multidisciplinary team on epidural provision and developed posters for the unit on the need to respond to epidural requests within 30 minutes.

**Abstracts**

**110 EARLY ONSET OF POST-DURAL PUNCTURE HEADACHE (PDPH) AND MENINGEAL SIGNS FOLLOWING URGENT CAESARIAN SECTION. A CASE REPORT**

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Background and Aims 19-year-old parturient, ASA II, presented for the first time in the Ob/Gyn ER, reporting intense uterine contractions, multiparous (2 previous caesarean sections), 3 days of nausea and vomit, without fever, heavy smoker, and recent food uptake.

Methods Following the first ER screening the parturient underwent spinal anaesthesia (sitting position, 25G Quincke non-traumatic needle, first try, 12 mg chirocaine and 0.0 mg weight heparins in the perioperative period. SA was requested within 30 minutes.

Results The above-described features of SA were used by us during CS in 30 women in labor with severe coronavirus pneumonia. Compliance with the characteristics of SA caused by coronavirus pneumonia was expressed in the following: 1) sitting position – half sitting at all stages of the perioperative period; 2) constant respiratory support, mainly HFO; 3) early transfer to the pron-position in the postoperative period, accompanied by effective postoperative anesthesia for its provision; 5) a quick return to heparin therapy in therapeutic doses. This approach ensured that there was no need to use general anesthesia with tracheal intubation for CS.

Conclusions Supplemented with HFO, half-sitting SA is the method of choice for providing CS in labor with severe coronavirus pneumonia.

**112 NEUROFIBROMATOSIS TYPE 1 AND NEUROAXIAL TECHNIQUES FOR LABOUR AND DELIVERY. ARE THEY ALWAYS FEASIBLE AND SAFE? LAST FIVE YEAR EXPERIENCE IN A TERTIARY CENTRE**

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Background and Aims Neurofibromatosis type (NF) 1 is an uncommon disease. Up to 90% of asymptomatic patients may have spinal tumours with potential enlargement during pregnancy. Its unintentional puncture can lead to bleeding and increased intracranial pressure. Brain tumours are described; scoliosis and preeclampsia are more frequent.

Therefore, the choice of the anaesthetic technique will be guided by risk/benefit ratio, being advisable recent neuroimaging. If any doubt, analgesia with opioids is an option or general anesthesia if required.

Methods Gregorio Marañón University Hospital (Madrid, Spain) database was searched to identify obstetric patients with history of NF I between January 2016 and June 2021. Two cases and three pregnancies were found:

Results A 25-yr-old at term was attended at two labours. She had no history of neuroaxial involvement throughout time; first eutocic delivery was done under uneventful epidural anaesthesia (neuroimaging available); 2 years later required episiotomy under local anesthesia (patient’s choice).

A 39-yr-old patient with peripheral neurofibromas history and no neurological follow-up required analgesia for labor, remifentanil institutional PCA protocol was offered; but labour induction failed and c-section was done under general anesthesia.

Conclusions Patients with NF-1 are a challenge to the obstetric anaesthesiologist and may complicate the management of labour analgesia. Neuroaxial techniques are not precluded but to be safely performed a case by case assessment and recent