P < 0.05 was considered statistically significant.

Results: The DSIMETs was of 7.5 (range 3.0-12.0) and it was higher among men (p=0.025). A significantly increasing trend of the DSIMETs was found for patients heights (p=0.001). WEIGHT was POSITIVELY CORRELATED (R=0.362, P<0.001). T1-T6 space presented a significantly higher median distance than T7-T8 (p=0.069).

Age had no significant correlation with the DSIMETs (r=0.012, P=0.882).

Conclusions: This study shows that biometric parameters such as height and weight may be a reliable tool to estimate DSIMETs in adult patients.

ESRA1-0554
Case Reports

THE USE OF TWO DIFFERENT REGIONAL TECHNIQUES FOR AN ACHONDROPLASTIC PATIENT IN HER TWO PREGNANCIES

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Background and aims: Achondroplasia is the commonest form of short-limb dwarfism with an incidence of between 1:10000 and 1:10000. Due to an abnormally shaped pelvis and lumbar lordosis, a Caesarean section is usually scheduled for delivery. The clinical features of the condition pose difficulties for general anaesthesia in terms of a potential difficult airway, whereas for regional anaesthesia, spinal abnormalities may make siting a spinal or epidural difficult and spinal canal stenosis can cause unpredictable spread of local anaesthetics.

Methods: An achondroplastic patient with the height of 122 cms went into labour for her first pregnancy without anaesthesia and required an emergency Caesarean section. A spinal catheter technique was used to provide anaesthesia without complication. In her second pregnancy, an elective Caesarean section was planned and on this occasion a combined spinal-epidural technique was used.

Results: When spinal catheter was used: initial dose of 1 ml of 0.5% levobupivacaine was used and further increments of 0.3ml, 0.3 ml and 0.2 ml was used to achieve block up to T5 level. When CSE was used for her second LSCS, 2 ml of 0.5% heavy mazaine was injected to achieve block up to T4.

Conclusions: Historically, obstetric patients with achondroplasia received general anaesthesia, but nowadays regional anaesthetic techniques using spinal catheters and combined spinal-epidural are used that allows greater titrability of the block. On the second occasion, the technique of CSE was preferred as the dose given in spinal this time was guided by the amount that was injected via spinal catheter in first pregnancy.

ESRA1-0554
Peripheral Nerve Blocks

POSTERIOR PARAVENTRICULAR IN-PLANE ULTRASOUND-GUIDED INFRACLAVICULAR BRACHIAL PLEXUS BLOCK - A CASE SERIES

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Background and aims: The brachial plexus at the infraclavicular level runs deeper compared to its course proximally, giving rise to impared needle visualization due to the steep angle of needle insertion with the current ultrasound-guided approach. Recently, a new posterior paraesternal in-plane ultrasound-guided infracavicular approach was introduced to improve needle visibility. We performed a case series and a cadaveric dissection to assess its feasibility.

Methods: After obtaining approval from the Medical Ethics Committee, University Malaya Medical Centre (IRB reference no. 949.14 dated 17 October 2012), 18 patients undergoing upper limb surgery were prospectively recruited to receive posterior paraesternal in-plane ultrasound-guided infracavicular brachial plexus block. The endpoints of this study were the success rate, performance time (sum of imaging and needling time), total anaesthesia-related time (sum of performance and onset time), quality of anaesthesia and any incidence of complications. A cadaveric dissection was also performed.

Results: All patients had 100% success rate. The other results are presented in Table 1. There were no adverse events occurred in this study. The cadaveric dissection revealed a complete spae of methylblue dye over the brachial plexus.

Conclusions: This study demonstrated that the posterior paraesternal in-plane ultrasound-guided infracavicular approach is a feasible and reliable technique with high success rate. Future studies shall compare this technique with the conventional lateral paraesternal in-plane approach.

ESRA1-0555
Chronic Pain Management

SEROTONIN SYNDROME DURING OPIOID THERAPY - THE UNDERDIAGNOSED COMPLICATION

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Background and aims: Serotonin syndrome is a potentially fatal iatrogenic complication of serotonergic polypharmacy. It typically appears after initiation or dose escalation of the offending agent to a regime including other serotonergic agents, like antidepressants drugs and opioid medications. All drugs that directly or indirectly increase central serotonin neurotransmission at postsynaptic 5-HT1A and 5-HT2A receptors can produce serotonin syndrome. Individual vulnerability appears to play a role in the development of this complication.

Aims: To report a case of serotonin syndrome (SS) resulting from the addition of duloxetine to a medication regimen of sertraline and fentanyl.

Methods: Literature review and clinical case description.

Results: To our knowledge, few case-reports have been published including duloxetine, a serotonin-norepinephrine reuptake inhibitor (SNRI), as a precipitant agent of SS.

Conclusions: To our knowledge, few case-reports have been published including duloxetine, a serotonin-norepinephrine reuptake inhibitor (SNRI), as a precipitant agent of SS.

ESRA1-0556
Postoperative Pain Management

THE PREEMPTIVE ANALGESIC EFFICACY ON POSTOPERATIVE PAIN AND MORPHINE CONSUMPTION OF ULTRASOUND-GUIDED TRANSVERSUS ABDOMINIS PLANE (USG-TAP) BLOCK IN VARIOCECTOMY: PROSPECTIVE, RANDOMIZED, CONTROLLED CLINICAL TRIAL

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Background and aims: The hypothesis of this study is the preemptive analgesic effect of transversus abdominis plane block (TAP block) administered before varicocelectomy surgery. The primary aim of the study was to compare the effect on pain scores of TAP block in the first 24 hours postoperatively with a control group. The secondary aim was to research the effect on amount of opioids consumed during this period.

Methods: Patients with elective varicocele operations planned were included in the study. The intubated patients were given 20 ml 0.25% bupivacaine (Group T) or 20 ml 0.9% NaCl (Group C) in the transversus abdominis plane with ultrasound guidance. Patient controlled analgesia (PCA) was given morphine concentration. The patients' pain was evaluated with VAS score.

Results: There were no statistically significant differences found between the two groups in terms of clinical and demographic data. In the USG-TAP block group (n=18), both rest and when coughing, VAS values were significantly lower. There was a significant difference in total morphine dose administered in the first 24 hours postoperatively by IV-PCA. The control group (n=16) had a rescue dose of 75 mg im diclofenac sodium.

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