

ULTRASOUND GUIDED ERECTOR SPINAE PLANE BLOCK FOR SURGICAL ANESTHESIA IN POSTERIOR THORACIC LIPOMA EXCISION: A CASE REPORT

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Background. Ultrasound guided erector spinae plane block (ESP) has been recently reported as an effective method for surgical anesthesia in minor surgery.¹⁻⁴ We aim to present a case of lipoma excision from the posterior thoracic wall, operated under ESP block.

Method: Written informed consent was obtained from the patient. The patient was 38-year-old female who had a mass located at left posterior thoracic wall, 5 cm lateral to the neuraxial midline between T3 and T5 skin dermatomes (Figure 1).



Figure 1

The patient was sedated with 2 mg midazolam. We performed ultrasound (US) guided erector spinae plane block at T4 dermatome in sitting position using a high frequency ultrasound probe. We administered 35 ml local anesthetic drug mixture (20 ml 0.5% Marcaine+5ml 2% Lidocaine+10 ml normal saline) between the T4 transverse process and erector spinae muscle (Figure 2).



Figure2

Results: After 20 minutes, we checked the operation site with pinprick test and confirmed complete sensorial loss to pain at the surgical site. The operation started uneventfully and lasted for 40 minutes. The patient was comfortable during the operation and there was no need for additional sedatives or analgesics (Figure 3).



Figure 3

12 cm transverse incision was performed and 6x6 cm lipoma was excised (Figure 4).



Figure 4

Conclusion: Our case demonstrated that sufficient surgical anesthesia at posterior thoracic region is possible with performance of ESP block. In our case, possible risks of general anesthesia and endotracheal intubation have been avoided and the patient was discharged on the same day without additional analgesic requirement.

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