SERRATUS-INTERCOSTAL PLANE BLOCK FOR REDUCTION MAMMOPLASTY IN A CHILD PATIENT

Sandra Fernandez-Caballero, Maria Perez-Herrero.

Department of Anesthesiology, Hospital Clinico Universitario de Valladolid, Spain.

BACKGROUND AND AIMS

Pubertal gynecomastia is a bilateral or unilateral enlargement of breast tissue in male, starting at age of 10. The most frequent etiology is idiopathic and an important factor is the disparity between testosterone and estradiol levels that produces transient estradiol excess.

We present a case of a child with idiopathic gynecomastia and a successful serratus-intercostal plane block that was executed for reduction mammoplasty.

METHODS

A 13 year-old-boy, with medical history of asthma, was scheduled for reduction mammoplasty. In the operating room, standard monitoring was placed and general anesthesia was induced with fentanyl 1 mcg/kg, propofol 1 mg/kg and rocuronium 0.6 mg/kg. After the orotracheal intubation, serratus-intercostal plane block (Fig.1), was performed under ultrasound vision, using a 50 mm needle. 10 ml of 0.25% bupivacaine was administered (Fig.2).

There were no complications associated with the procedure.

Once the patient was extubated, he was admitted to the post-anesthesia care unit (PACU), with good control of the pain.

RESULTS

In PACU, the patient had a Visual Analog Scale (VAS) score of 0, not requiring any analgesia. No complications were registered.

(Fig.1) Serratus-intercostal plane block

(Fig.2) Bupivacaine was administered

Children are considered high risk for difficult pain control. Serratus-intercostal plane block has been proved to be useful in opioid-free anesthesia.

As we know, this is the first serratus-intercostal plane block described in children. We found good analgesic results.

CONCLUSIONS

Serratus-intercostal plane block guarantees an excellent perioperative analgesia, in multimodal and opioid-free anesthesia protocols. No side effects were found.