BILATERAL CONTINUOUS ERECTOR SPINAE PLANE BLOCK GLIDING UP RESPIRATORY FUNCTION IN A POLYTRAUMA CASE

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BACKGROUND

Rib fractures, lung contusion and atelectasis are common in polytraumatized patients and require effective analgesia to prevent respiratory complications. Managing pain may be challenging, usually requiring invasive procedures. Erector Spinae Plane Block (ESPB) is a recent regional technique of choice in patients with multiple rib fractures due to its safety and simplicity.

CASE-REPORT

METHODS

RESULTS

Opioid-free pain relief (NRS 0 - at rest / 3 - with mobilization) and ventilation improvement (eupneic, pH 7,42; pO₂ 87mmHg; pCO₂ 40mmHg; SpO₂ 99% with 0,21 FiO₂) were achieved. We also noticed a reduction in the inflammatory parameters.

DISCUSSION

Thoracic trauma is related with respiratory complications (pneumonia, atelectasis, respiratory failure...) that can be reduced by effective analgesia. Neuroaxis or perineural blocks are commonly used analgesic techniques. We chose to perform a continuous bilateral ESPB instead of approaching neuraxis, as it is a safer and an appealing alternative considering his current respiratory infection. We not only managed to do an opioid-free analgesia in a patient with opioid addiction, but also improved respiratory function as measured by the ABG analysis optimization. ESP block improves ventilatory dynamics and optimizes respiratory complications, while being an effective analgesia for patients with thoracic trauma.

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2. Adhikary SD, Liu WM. *The effect of erector spinae plane block on respiratory and analgesic outcomes in multiple rib fractures: a retrospective cohort study*. Anaesthesia. 2019;74(5):585-593.