Ultrasound-guided Erector Spinae Plane (US- ESP) Block associated to Dexmetomidine cooperative sedation for anesthetic management in breast cancer surgery: a case report .

C. Giordano[1], S. Ranocchia[2], D. Nicolotti[1], P. Fusco[3], V. Danzi[1], P. Scimia[1].
[1]Hospital of Cremona, Anesthesia and Intensive Care Unit, Cremona, Italy.
[2]University Hospital of Parma, Anesthesia and Intensive Care Unit, Parma, Italy.
[3]S.Salvatore Academic Hospital of Aquila, Anesthesia and Intensive Care Unit, Aquila, Italy.

Background and Aims:
Ultrasound-guided Erector Spinae Plane Block (US-ESPB) is a recently described regional block technique for anesthesia and analgesia of the chest wall. Dexmetomidine (DEX) is an α-2 agonist that can provide cooperative sedation during surgery. We reported a case of US-ESPB associated to intraoperative DEX sedation in a patient undergoing breast cancer surgery.
Methods:
A 42 years-old patient, ASA 2, was scheduled to undergo quadrantectomy with sentinel lymph node biopsy. Before surgery, we performed a US-ESPB and 20 ml of 0,5% Ropivacaine were injected using a 90 mm needle (Temena ®) deep to the erector spinae muscle and superficial to T5 transverse processes. The patient received intravenously DEX in a loading dose of 1 mcg/kg over 15 minutes, followed by an infusion of 0,4 mcg/kg/h and oxygen (4 l/min) was administered by facemask.
Results:
We obtained adequate surgical anesthesia and a good quality postoperative analgesia. Moreoverer, DEX infusion provided cooperative sedation during surgery (Ramsay 3) without causing respiratory depression of the patient. Only 3 g of acetaminophen were administered postoperatively. No complications were recorded.
Conclusions:
This case report suggested that US-ESPB associated to intraoperative DEX cooperative sedation could represent a reliable strategy for anesthetic management in breast surgery.

Keywords:
Ultrasound-guided Erector Spinae Plane (US- ESP) Block, Dexmetomidine sedation,breast cancer surgery.