

INTRODUCTION

The erector spinae block (ESP) is an effective regional anesthetic in the management of spinal surgeries as well as traumas. The advantages in versatility in ESP block administration goes from different vertebral levels to its utilization as an adjunct anesthetic in multiple surgeries. As ESP block continues to gain acceptance, its usefulness in chronic pain associated with vertebral fractures especially in oncology patients requires further attention. This case report describes a patient with multiple myeloma and thoracic compression fracture who underwent an ESP block and achieved complete pain relief.

METHODS

This case was done at the surgical ambulatory center at Robert Wood Johnson, New Brunswick. The patient was followed up via a phone call afterwards to discuss the effects of the intervention.

PubMed research was performed using keywords such as “utilization of erector spinae block in chronic pain management” “ESP block for vertebral fracture.”

CASE DESCRIPTION

This is a 78-year-old female with PMHx of multiple myeloma, CKD, bilateral DVTs on eliquis, s/p T8-T11 laminectomy and fusion, L3 kyphoplasty, T10 compression fracture came in for thoracic back pain. Initially patients received trigger point injections which gave minimal pain relief. ESP block was brought up as an intervention to which the patient had agreed upon which was done under MAC sedation in an operating room setting. Injectate: 10 mg 1 mg/mL dexamethasone + 10 mL PF 0.25% bupivacaine Under ultrasound guidance, the Right T7 transverse process was identified and using a 25 G 1-½ inch needle, 3 mL of 1% lidocaine was injected to localize the skin.

A 20G 4-inch Stimuplex needle was inserted into the anesthetic tract made by localization and after negative aspiration, 20 mL of the above mentioned injectate was injected. The patient was called and followed up 1 week later and had adequate pain relief. The patient to be followed up in a few months to continue to monitor the pain relief as well as for a repeat block in a few months.

DISCUSSION

ESP blocks have seen increasing usage in the acute pain setting, however, the current literature on its utility in the chronic pain setting is sparse. This is due in part to both the newness of this pain treatment modality and the idiopathic nature of its mechanism of action in reducing pain. The most common usage of this block is currently in the perioperative setting for thoracic and abdominal surgeries. In this report, we aim to investigate the utility of an ESP block in the chronic pain setting. What made this case challenging was multiple comorbidities and being on Eliquis

made it difficult to pursue neurosurgical interventions such as laminectomy. By adding regional techniques such as the ESP block to this mix, there is an opportunity to enhance chronic pain management with a low risk, versatile, and effective treatment option.

REFERENCES

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