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Supraclavicular Block with T2 Paravertebral Block in a Patient with Large Upper Extremity Sarcoma

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Case Report

- An 86-year-old female with a history of left upper extremity peripheral nerve sheath tumor presented for tumor resection with pedicled left latissimus dorsi.
- This patient presented a unique challenge, as adequate pain relief of the upper limb and shoulder was required while minimizing the risk of tumor seeding.
- Using ultrasound guidance, 10cc of 0.25% bupivacaine was administered to the T2 paravertebral space. Additionally, a total of 30cc of 0.25% bupivacaine was injected into the brachial plexus, with 15cc focused on the superior trunk and the suprascapular nerve
- The patient experienced no postoperative complications, resulting in reduced postoperative pain, decreased opioid consumption, earlier engagement in physical therapy, and greater patient satisfaction.
- Patient-informed consent was obtained for submission of a case report. As the case report is devoid of patient-identifiable information, it is exempt from IRB review, as per the University of Illinois Health policy.

RA, Bailey CH, Ragusa J, Thakur P, Orhurhu V, Urits I, Cornett EM, Kaye AD. Upper extremity regional anesthesia techniques: A comprehensive review for clinical anesthesiologists. Best Pract Res Clin Anaesthesiol. 2020 Mar;34(1):e13-e29. doi: 10.1016/j.bpa.2019.07.005. Epub 2019 Jul 20. PMID: 32334792.
(2) Leung S, Zlotolow DA, Kozin SH, Abzug JM. Surgical Anatomy of the Supraclavicular Brachial Plexus. J Bone Joint Surg Am. 2015 Jul 1;97(13):1067-73. doi: 10.2106/JBJS.N.00706. PMID: 26135073.

MODIFIED SCB WITH SPECIFIC FOCUS ON THE SUPERIOR TRUNK AND SUPRASCAPULAR NERVE & T2 PVB PROVIDED ADEQUATE ANALGESIA TO THE UPPER EXTREMITY AND AXILLA

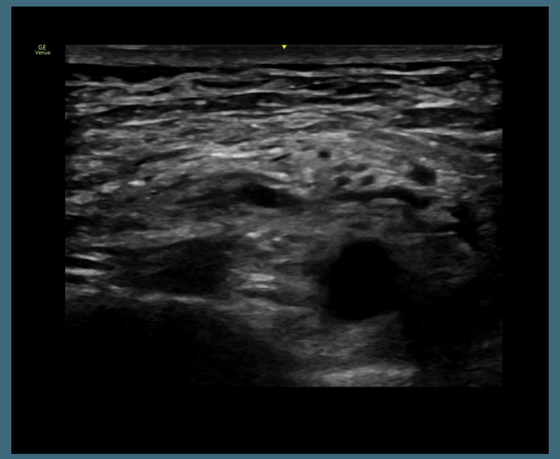

Figure 1. Supraclavicular Block

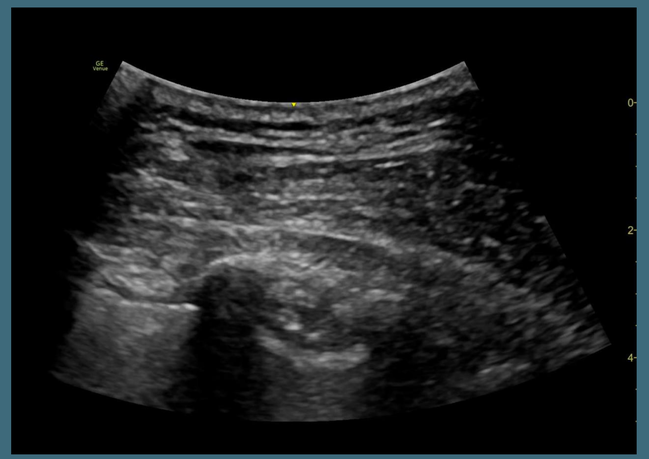

Figure 2. T2 Paravertebral Block

The morning following her procedure, the patient endorsed **0 out of 10 pain** with decreased sensation over her left deltoid and upper extremity. Sensation was regained at postoperative 24 hours, and pain **remained at 0 out of 10**.

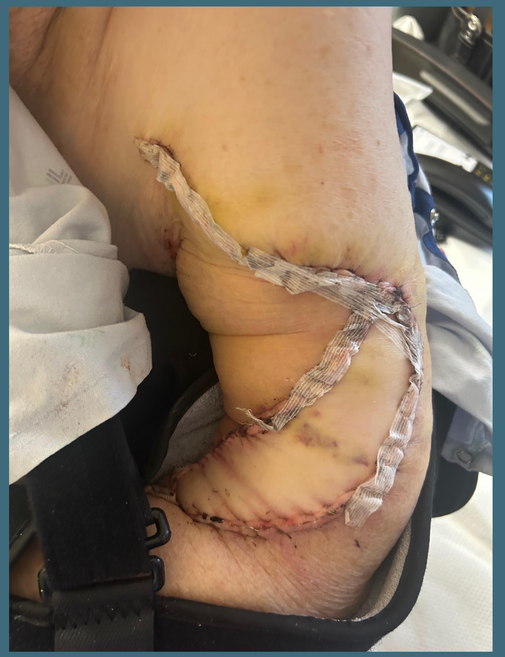

Figure 3. POD3 s/p left upper extremity peripheral nerve sheath tumor presented for tumor resection with pedicled left latissimus dorsi