

confirming adequate analgesia scalp block was given. Anaesthesia was maintained with injection fentanyl and 100% O<sub>2</sub> via oxygen mask.

**Conclusion:** Intravenous sedation along with scalp block resulted in a good outcome for this patient, thereby avoiding general anaesthesia and its side effects.

#### ISNACC-C-03

### Perioperative management of a patient with cushing disease undergoing transsphenoidal resection of pituitary tumours

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Pituitary tumours are frequently encountered and comprise of around 20% of primary brain tumours undergoing intracranial operations. Most of them are non-functional, adrenocorticotrophic hormone secreting tumours causing Cushing disease are quite few. They are managed medically most of the time, very few require surgical intervention. The perioperative management of these patients is quite challenging due to multisystem involvement. We hereby describe the successful management of a 56-year-old female patient having body mass index = 42 kg/m<sup>2</sup> who had typical features of Cushing disease. Difficult airway was anticipated (MPG-III, short neck, large tongue). Diabetes and hypertension were other comorbidities. Other perioperative concerns were positioning, intravenous cannulation, ventilation, haemodynamic stability, extubation and post-operative pain. Careful understanding of the neuroendocrine manifestations and judicious and meticulous planning leads to successful management of the patient.

#### ISNACC-C-04

### Transforaminal injection in scoliotic spine: A challenge in interventional pain practice

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**Background:** Transforaminal epidural steroid injection is common non-surgical modality of managing lumbosacral radiculopathy. The potential advantage of transforaminal route for epidural steroid injection is the

targeted delivery of the drug to the site of pathology, presumably onto an inflamed nerve root. Congenital scoliosis due to hemi-lumbar vertebra with severe radicular pain is uncommon. **Case Summary:** A young male with congenital scoliosis due to L3 hemi-vertebra presented with a 2-month history of severe back pain radiating to right lower limb. Pain was not relieved by rest or by analgesic medications. The orthopaedicians referred the patient to our pain clinic as one of the last resorts before contemplating surgical correction of the scoliosis for a transforaminal steroid injection. After obtaining due consent from the patient, a right L2-L4 transforaminal steroid injection was done under fluoroscopy guidance with 40 mg of triamcinalone. The patient had good pain relief immediately following injection and continues to be pain free with 4 months follow-up. Altered spine anatomy due to hemi-vertebra and scoliosis presented a challenge in recognising the structures under fluoroscopy for performing the injection. The spine rotated due scoliosis, suitable adjustments in the fluoroscope had to be made to appreciate the anatomy for a successful injection. **Conclusion:** Transforaminal epidural injection is a challenge for the interventional pain practitioner in patients with scoliotic spine presenting with radiculopathy.

#### ISNACC-C-05

### Venous air embolism during craniosynostosis repair - Anaesthetic management: A case report

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**Background:** Craniosynostosis refers to a condition where one or more cranial sutures fuse prematurely leading to focal or global growth delay of the skull. One in 2000 live births may be affected. Surgical intervention should be performed as early as possible to prevent further progression of deformity and potential complications associated with increased ICT. Intraoperative death is primarily a consequence of massive blood loss. Anaesthetic considerations include associated congenital syndromes, difficult airway, invasive monitoring, raised ICT, considerable blood loss, massive transfusion, venous air embolism (VAE), positional injuries.

