

통증 및 근골격재활

게시일시 및 장소 : 10 월 18 일(금) 08:30-12:20 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 10:00-10:45 Room G(3F)

## **P 1-120**

### **Ultrasound vs fluoroscopy-guided caudal epidural block the treatment of post spinal surg syndrome**

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#### **Objective**

This study is to compare advantages and mid-term effects of ultrasound (US)-guided to fluoroscopy (FL)-guided caudal epidural block (CEB) for post spinal surgery syndrome (PSSS) by assessing pain relief and improvement of functionality.

#### **Methods**

Patients with radicular pain in PSSS who received US-guided method (n=26) or FL-guided method (n=26) were included in this retrospective study. All procedures were performed with either FL or US. The complication frequencies during the procedures, adverse events, treatment effects, functional improvements were compared at one, three, and six months following the last injection.

#### **Results**

Both Oswestry Disability Index and verbal numeric pain scale scores demonstrated enhancements in both groups at all one, three, and six months following the last injection, without meaningful differences between the groups ( $p < 0.05$ ). Moreover, no meaningful differences were present between the groups in terms of treatment success rate at every time point. Logistic regression analysis demonstrated method of injection (US- or FL-guided), sex, use of analgesics, pain duration, number of injections, and age were not independent variables for successful treatment results. There was blood aspiration before injection in 14.3% (n=3) patients of the US-guided group, and 10.7% (n = 3) of the FL-guided group. In 2 patients of FL-guided group, contrast spread intravascularly during injection.

#### **Conclusion**

Compared to FL-guided CEB, US-guided CEB requires a shorter administration duration while relieving pain and improving function similarly. Consequently, US-guided CEB is a promising choice for conservative management of PSSS