



## Successful Execution of Paravertebral Blockade with Unconventional Approach in Patient with Pathological Modification of Pleural Anatomy

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### Keywords

Paravertebral; Block; Pleura

### Clinical Image

A 72 years old man, hospitalized for severe dyspnea due to massive pleural effusion, underwent VATS-2P. After general anesthesia induction, patient is placed in lateral position and a single shot PVB with ropivacaine is planned at T3-T4 and T5-T6 using ultrasound-guided out-of-plane approach.

After a hydro localization just before SCTL, when the needle reached the T3-T4 TPVS, we tried to inject the ropivacaine but a tough resistance was felt and no pleural extroflexion was seen. Therefore we stopped the needle tip just above SCTL and administered 4 ml of ropivacaine 7.5 mg/ml. Same procedure was performed at T4-T5 and T5-T6. During surgery a severe diffuse pleural thickening was reported. No complications occurred during the operation. Post-operative pain control was satisfying patient was dismissed after four days with no complications.

It's important knowing all the possible ways of thoracic nerve blocking, especially when one of the anatomic landmark is not reliable.

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Figure 1: Individuation of SCTL with US-guided out of plane approach.



Figure 2: Ropivacaine administration just above SCTL in T3.

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