

Anesthésie pédiatrique: Douleurs

ID: 220

Lateral Transversus Abdominis Plane Block Versus Quadratus Lumborum Block in sub-umbilical pediatric surgery

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Position du problème et objectif(s) de l'étude:

Transverse Abdominis Plane (TAP) block has been extensively used in pain management. Recently, Quadratus Lumborum block (QLB) has been reported as a superior alternative in adults given a further dermatomal spread and a more prolonged analgesic outcome. We aimed to compare the efficiency of QLB to TAP block in children undergoing sub-umbilical peripheral surgery.

Matériel et méthodes:

Randomized clinical trial including patients aged from 2 to 10, scheduled for an elective sub-umbilical peripheral surgery.

Anesthesia protocol was standardized: inhalational induction (if applicable), IV access, fentanyl 4 mcg/kg and propofol 2-4 mg/kg, supraglottic device for airway management. Patients were afterwards randomly allocated to undergo either a TAP block (TAP group) or a QLB (QLB group). All blocks were ultrasound guided using 0.2 ml/kg of 0.25% bupivacaine.

Post operative pain was assessed using either FLACC score at the surgical ward or the PPPM at home on H0,H1,H2,H6,H12 and H24 post-operative hours. If FLACC or PPPM<3, the child received paracetamol; ibuprofen was administered for persistent pain.

Our primary outcome was time to first rescue analgesia. Secondary outcomes were post-operative pain scores and analgesic consumption.

Chi-square and Student-t tests were used in statistical analysis, $p < 0.05$ was considered as statistically significant.

Résultats & Discussion:

Ninety seven patients met the inclusion criteria (TAP group =48, QLB group =49). seven patients were excluded because of the failure of the block (TAP=3, QLB=4, $p=1$). ninety observations were analyzed (TAP=45, QLB=45). Demographic features, type and duration of surgery were comparable between groups.

Pain scores were significantly higher in TAP group patients at H0, H1, H2, H6, H12 and H24 ($p < 0.05$).

Conclusion:

QLB may provide prolonged and better-quality analgesia compared to TAP block in children undergoing sub-umbilical peripheral surgery.

	TAP group (N=45)	QLB group (N=45)	p
Number of rescue analgesia free patients during the first 24 hours	18	32	0.003
Time to first rescue analgesia (min)	364 ± 198 (n=27)	493 ± 168 (n=13)	0.049
Mean analgesia bolus number	0,87 ± 0,84	0,36 ± 0,61	0.001

TAP = Transverse Abdominis Plane. QL= Quadratus Lumborum. N: number

Table 1: Comparison of postoperative analgesia between groups

Les auteurs déclarent ne pas avoir toute relation financière impliquant l’auteur ou ses proches (salaires, honoraires, soutien financier éducationnel) et susceptible d’affecter l’impartialité de la présentation.