



Correspondence

Scalp nerves block for surgical clipping of cerebral aneurysms in patients allergic to nonsteroidal anti-inflammatory drugs



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To the Editor:

Effective perioperative pain management in patients undergoing surgical clipping of unruptured cerebral aneurysms can prevent hemodynamic changes and ensure better postoperative management of these patients. We describe ultrasound-guided scalp nerves block for surgical clipping of a cerebral aneurysm in a patient allergic to nonsteroidal anti-inflammatory drugs (NSAIDs) and opioids [1].

A 40-year-old woman, with a history of allergy to NSAIDs and opioids, underwent surgical clipping of an anterior communicating artery aneurysms (4 mm × 4 mm). Considering her history of allergy to NSAIDs and opioids, we selected an ultrasound guided-scalp nerves block for perioperative analgesia. After the patient was transferred to the operating room, general anesthesia was induced using propofol and rocuronium without opioids. The patient was placed in the supine position, and the auriculotemporal, zygomaticotemporal, supraorbital, supratrochlear, and the greater and lesser occipital nerves were blocked using the following technique: The auriculotemporal nerve was blocked by injecting it with 5 mL of 0.75% levobupivacaine around the distal superficial temporal artery. The zygomaticotemporal nerve was blocked by injecting it with 5 mL of 0.75% levobupivacaine around the distal superficial temporal artery beneath the temporalis muscle. The supraorbital and supratrochlear nerves were blocked by injecting each with 5 mL of 0.75% levobupivacaine by palpating the supraorbital notch from the nasal root to the midpoint of the eye. The greater occipital nerve was blocked by injecting it with 5 mL of 0.75%

levobupivacaine 2.5 cm lateral to the median nuchal line, medial to the occipital artery. The lesser occipital nerve was blocked by injecting it with 5 mL of 0.75% levobupivacaine 2.5 cm lateral to the site of the greater occipital nerve block. The anesthetic effect achieved over the entire scalp was confirmed 20 min after the procedure prior to commencing surgery. Her perioperative course was uneventful, and she was discharged without requiring additional analgesics.

This result demonstrates that scalp nerves block can provide adequate perioperative analgesia in patients allergic to NSAIDs and opioids who undergo surgical clipping of cerebral aneurysms.

The consents for publication were gained.

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References

- [1] Piccioni F, Fanzio M. Management of anesthesia in awake craniotomy. *Minerva Anestesiol* 2008;74:393–408.

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