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Analgesia for pediatric thoracic surgery, a case report

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Introduction:

Thoracic surgery is followed by prolonged, intense pain of multiple origins requiring the performance of either an epidural or a paravertebral block combined with analgesia

Objectives: Perform a paravertebral block for analgesia in pediatric thoracic surger

Observation: L.H, 3 years old, admitted for surgical management of a bronchogenic cyst, with a history of recurrent pneumonia. The clinical examination found nothing in particular apart from the presence of snoring rales

With thoracic CT: sub-carinal brochogenic cyst compressing the left mainstem bronchus with aspect of left basal Hilo pneumopathy After induction of anesthetic deprivan, Esmeron, fentanyl placement of a paravertebral catheter in T10-T11 at an analgesic dose

The postoperative consequences were favorable with quality analgesia

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