Title: A safer way to find the Sphenopalatine Ganglion (SG). Proposal: Navigate along the posterior wall of the pterygopalatine fossa (PPF).

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Objetives:

The anterior half of the PPF is mainly occupied by the maxillary artery. The SG is found in the posteriomedial half of the PPF in the upper third. This technique to reach the SG avoiding vascular elements "navigate with the curve needle along the posterior wall of the PPF (NAPW)" to reduce the risk of LA toxicity and hematomas.

Methods:

In 10 patients (20 procedures: 10 diagnostic blocks and then 10 RFs) the NAPW was used to reach the SG, as per the 3 steps below:

1) Lateral projection of the C ARM to see the Superimpose the descendent rami of PPF. both mandibles to avoid seeing one PPF in front or behind another. And superimpose the skull base and the zygoma to avoid seeing one PPF over or under the other. That is how we can have a single silhouette of the PPF rather than a double image. (Fig. 1,2)

Beyond the coronoid process and the 2) zygoma the needle moves forward to cephalad, along the posterior wall of the PPF. Fig. 3,4. 3) Final position: like previous techniques must confirm in PA projection. Fig 5.

Results:

Results can be found on Table 1. with 0% arterial punctures. This technique was effective to reach the SG in all cases.

Conclusions:

With the technique NAPW, a safe approach can be made of the PPF and the SG without exposure to vascular punctures. More cases could confirm this technique as a safer option.



Fig 1 Blue : Right Red Wrong







Fig 3



Age	S ex	Pathology	T	DB	Stimulation with RF	С	Follow-up
45	F	ldiop. Intracranial Hypertension and autonomic signs	4	Ok	Feels in the nose	non e	Relief Topiramate
39	F	Migraine and autonomic sign	1 7	Ok	Feels in the nose	non e	Relief
42	F	Cluster headache	1 1	Ok	Feels in the nose	non e	Relief
69	М	Cluster and Trigeminal	7	Ok	Feels in the nose	non e	Relief
63	М	Cluster and Cervicogenic headache	1 7	Ok	Feels in the nose	non e	Occipital neuromodulati on
44	М	Sphenopalatine neuralgia	9	Ok	A little high and needs correction. Then feels in the nose	non e	Relief
48	F	CA Maxillary branch with orbit invasion	3	Ok	Feels in the nose	non e	Codeine
53	М	Migraine. Autonomic signs, bilateral	3 0	Ok	A little high and needs correction. Then feels in the nose	non e	Paracetamol
48	F	SUNCT	5	Ok	Feels in the nose	non e	Relief Trigeminal RF, carbamazepin e
26	F	Sphenopalatine neuralgia	1	Ok	Feels in the nose	non	Relief Pregabalin

Table 1. 20 pain procedures. 10 Diagnostic and 10 cases of Radiofrequency of SG. Sex : Male Female; T: Time of evolution in years; DB :Diagnostic Block. ok in this column means satisfactory pain relief; C: Complications; Folow-up: Note is taken as to whether regular medication or other therapies were required.

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References: .-Roberti F, Boari N, Mortini P, Caputy AJ: The pterygopalatine fossa: an anatomic report. J Craniofac Surg 2007;18:586-590.

.-Choi J, Park HS: The clinical anatomy of the maxillary artery in the pterygopalatine fossa. J Oral Maxillofac Surg 2003;61:72-78.

.-Buchholz, B. Capítulo 12. Anatomía Funcional del Sistema Nervioso Autónomo. Medicina del Dolor, Perspectiva Internacional. Autor: Juan Carlos Flores. Ed Elsevier. Pg. 103-131; 2014

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Institutional Ethics and Informed Consent Criteria prior to block and RF satisfied in every case.

Fig 5