

Intermediate Cervical Plexus Block for Parotid Abscess Drainage in a High-risk Cardiac Patient: A Letter to Editor

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To,
The Editor,
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Dear Editor,

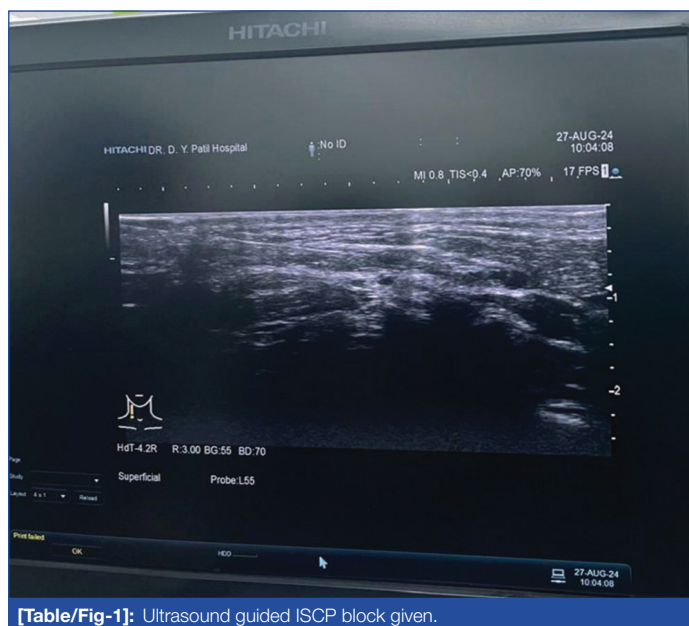
Regional anaesthesia offers significant advantages in patients with cardiovascular comorbidities undergoing head and neck procedures. We report the use of an Intermediate Superficial Cervical Plexus Block (ISCPB) as the sole anaesthetic for parotid abscess drainage in a patient with recent coronary angioplasty.

A 64-year-old male with a history of ischaemic heart disease since six months with Ejection Fraction (EF) 40% and anteroseptal wall and anterolateral wall hypokinesia underwent percutaneous coronary intervention four months prior. He presented with right submandibular swelling, and imaging revealed a deep lobe parotid abscess requiring surgical drainage. Given the elevated cardiac risk, general anaesthesia was avoided.

An ultrasound-guided ISCPB was performed under standard ASA monitoring. With the patient supine and head turned contralaterally, 10 mL of 0.25% bupivacaine was deposited in the plane between the sternocleidomastoid muscle and the prevertebral fascia [Table/Fig-1]. Adequate anaesthesia was achieved within 10-15 minutes. The procedure lasted 30 minutes and was completed uneventfully. The patient remained conscious, haemodynamically stable, and pain-free throughout, with only mild sedation (1 mg i.v. midazolam). He recovered without complications and was discharged on postoperative day two.

ISCPB targets the cutaneous branches of the cervical plexus (C2-C4) at a deeper plane than traditional subcutaneous approaches, providing more consistent anaesthetic spread for procedures involving the parotid and submandibular regions [1,2]. In patients with recent angioplasty, regional anaesthesia avoids the cardiovascular risks associated with general anaesthesia, including myocardial depression and haemodynamic instability [3].

Ultrasound guidance increases precision and safety, minimising the risks of phrenic nerve involvement or inadvertent vascular injection [4,5].



[Table/Fig-1]: Ultrasound guided ISCP block given.

This case demonstrates that ISCPB is a safe and effective alternative to general anaesthesia for neck surgeries in high-risk cardiac patients.

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