

response of a 69-year-old HD patient to acupuncture at the scalp acupuncture ZS points according to Yamamoto on the Yin and Yang side.

Method: WHO questionnaire SF 36 on quality of life assessment.

Result: even at the first session, the patient, suffering from severe dysphagia, could drink 250 ml water without interruption, the hyperkinesia disappeared completely, the head became clearer.

Procedure: The duration and intensity of the effect of this acupuncture is observed for 10 weeks and documented with the questionnaire SF36.

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Poster PO8.5

Intraoperative, Real-time Monitoring of Cerebral PtiO₂ During a Cerebral Artery Aneurysm Clipping and Simultaneous Electroacupuncture Stimulation

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Abstract

Background: Partial pressure of cerebral tissue oxygen monitoring (PtiO₂), a reliable method of assessing cerebral perfusion, is routinely applied in the Intensive Care Units, but there are only a few reports of intraoperative cerebral PtiO₂ monitoring in the literature. We present the first case, worldwide, of intraoperative, real-time monitoring of cerebral PtiO₂ during the surgical clipping of a ruptured cerebral aneurysm and simultaneous electroacupuncture (EA) stimulation.

Material & methods: A 69-year-old woman with subarachnoid hemorrhage due to rupture of an anterior communicating artery aneurysm, underwent surgical clipping of her aneurysm. During the operation, we performed real-time monitoring of cerebral PtiO₂ using a polarographic microcatheter, inserted in the frontal lobe. At a certain time during the operation EA stimulation was performed and we evaluated in real-time its effects on cerebral PtiO₂ (acupuncture needles had been placed at the beginning of the operation in acupuncture points LU10, PC6, LI4, LI10, GB20, ST36 and SP6 all bilaterally). EA stimulation (2Hz) was administered between LI4 - LI10 and ST36 - SP6 on each side.

Results: Cerebral PtiO₂ values were recorded until the end of the operation. Initial value recorded was 3,5mmHg (indicative of cerebral hypoxia due to subarachnoid hemorrhage-induced vasospasm). A few minutes later, EA stimulation was performed for 5 minutes. Right after the onset of EA stimulation cerebral PtiO₂ value increased to 9,6mmHg (which is still below normal but nearly 3-fold the initial value before EA stimulation). This immediate effect of EA continued for the entire 5 minutes of stimulation and for several minutes after its discontinuation.

Conclusion: Intraoperative EA could play a vital role in preserving cerebral blood flow and consequently cerebral PtiO₂ in patients exhibiting brain hypoxia/ischaemia and, thus, prevent irreversible neuronal damage and lead to an improved neurologic outcome.

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Poster PO8.6

Effects of Electroacupuncture in a Mouse Model of Complex Regional Pain Syndrome: Role of Peripheral and Spinal Endothelin Receptors

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