**A CASE REPORT OF CELIAC GANGLION BLOCK IN POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME**

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*Background*: POTS is a dysautonomia characterized by palpitations, dizziness, chest pain, dyspnea, and syncope. Median Arcuate Ligament Syndrome (MALS) is external compression of the celiac artery and possibly the celiac ganglia by median arcuate ligament. We have previously reported that 18 out of 98 POTS patients screened randomly had MALS. The response rate to laparoscopic correction of MALS is about 60%.

*Objective*: A case report on patients with both MALS and POTS to analyze causes and approaches to treatment.

*Methods*: An 18 year old male patient with POTS symptoms including chronic nausea. POTS was confirmed with tilt table testing (55bpm increase in HR at 6 min). POTS symptoms improved with Clonidine patch, Albumin/IV fluids. The patient continued to suffer from chronic nausea. Celiac artery doppler was performed to check the celiac artery velocity. Results showed high on inspiration (309 cm/sec), neutral position (450 cm/sec) and expiration (451 cm/sec). CT angiogram of abdomen showed high grade, >90% stenosis at celiac axis origin; the patient was diagnosed with MALS. He underwent laparoscopic decompression of celiac artery which showed improvement all of the patient’s symptoms. The frequency of the patient’s nausea decreased from twice a week before surgery to 4 times in 3 months after surgery. Five months post-op, he again started having nausea and early satiety. On repeating celiac artery doppler, results were high on expiration (455 cm/sec). CT angiogram of the abdomen showed >70% recurrent stenosis.

*Results*: The patient underwent celiac ganglion block and showed extreme improvement with nausea. Celiac doppler after ganglion block showed a velocity of 258 cm/sec on expiration.

*Conclusion*: Our study strongly suggests that there is an association between MALS and POTS. The improvement noted in the patient’s symptoms following celiac ganglion block can help guide alternative treatment options to redo MALS surgery.