Introduction
The use of continuous peripheral nerve catheters in the pediatric population is becoming a common practice for peri-operative pain management. Continuous peripheral nerve blocks are also being employed for clinical scenarios which involve both acute and chronic conditions as part of a multimodal approach. There is also growing interest regarding peripheral nerve blocks and their potential vasodilatory and anti-inflammatory benefits. We report the use of continuous sciatic nerve blocks in a child with bilateral lower extremity necrosis for alleviation of pain and possible vasodilatory/anti-inflammatory effect.

Clinical Case
A 4 year old male presented to the hospital in septic shock. He was found to have Group A streptococcal sepsis and also had Pre-B cell acute lymphoblastic leukemia. During his hospital course he developed worsening cyanosis of bilateral fingers and toes which progressed to a dry gangrene of both upper and lower extremities. Plastics, Orthopedics, Wound Care, Pain Team and Dermatology were consulted. Initial plan was to optimize wound care.

Pain management team was involved to help with his sedation and pain medication requirements. A few days later patient developed a fever and was noted to have an acute change in the color of the left foot and a loss of his dorsalis pedis pulse on the right foot.

Multi-team discussion with critical care and hyperbaric medicine ensued and decision was made to place peripheral nerve catheters in lower extremities to help facilitate blood flow to affected regions and to aid with benefits of hyperbaric treatments.

Case Management
Pt was taken to operating room induced, intubated and placed in the prone position. Bilateral popliteal fossa catheters were placed with ultrasound guidance without incident and ON-Q pain balls were attached with a continuous infusion of ropivicaine. He then received 20 daily hyperbaric treatments to help improve his tissue perfusion. Pain management team accompanied the patient for hyperbaric treatment each day and catheters were disconnected from ON-Q device and bolused prior to each 100 min therapy. These peripheral nerve catheters remained in place for approximately 6 days and were removed uneventfully. Patient did have a demarcation of bilateral lower extremities with eventual below knee amputation of bilateral lower extremities.

Discussion
Sciatic nerve block use is well known for post operative analgesia after foot and ankle surgery. Continuous peripheral nerve catheters remained in place for approximately 6 days for vasodilatory effects and pain management.

Conclusion:
We present this novel use of the popliteal fossa approach for the sciatic nerve block for analgesia and vasodilatation to help improve tissue perfusion.

References