

O'Riordan E, Ma M, Froese S, Tan T. Coombe Women's and Infants Hospital Dublin

## Introduction

Dural tears are a well-recognised complication of spinal and epidural anaesthesia in the postpartum period, and often present with a postural headache and associated features. Though extremely rare, the occurrence of these symptoms in the antenatal patient with no identifiable cause have been described(1).

We present a case of antenatal Spontaneous Intracranial Hypotension (SIH) in a pregnant patient who underwent a successful spinal anaesthetic shortly after receiving an epidural blood patch in her third trimester.

## Case Report

Our patient was a 41 year old, Gravida 10, nulliparous woman at 28 weeks and 3 days gestation. She presented to the emergency department of our tertiary referral maternity hospital complaining of a 1 day history of severe postural headache. The headache had come on suddenly, in the morning after awakening, worse on standing and relieved almost completely by lying supine.

The headache was accompanied by nausea, vomiting and neck stiffness; however, the patient did not experience any visual disturbances or infective symptoms. A CT brain was performed and showed no acute findings.

A neurology consult was sought and the patient was diagnosed with a presumptive spontaneous dural tear with associated CSF leak. It was suspected that this pathology could have been brought on by prolonged, violent bouts of coughing in the week prior to presentation. She was treated with bedrest and gradually felt some improvement but was unable to sit upright for any extended period.

An MRI Brain was performed a week following initial presentation which showed bilateral subdural haematomas with distension of the dural venous sinuses, suggestive of CSF leak.

As the patient continued to feel little improvement from bed rest it was decided to refer the patient for autologous blood patch.

This provided great relief for the patient and the rest of her pregnancy was uneventful. Although the source of the CSF leak was not identified she underwent a spinal anaesthetic for elective caesarean section 5 weeks later with no complications and has recently given birth, a second time, through C-section and spinal anaesthetic with no issues.

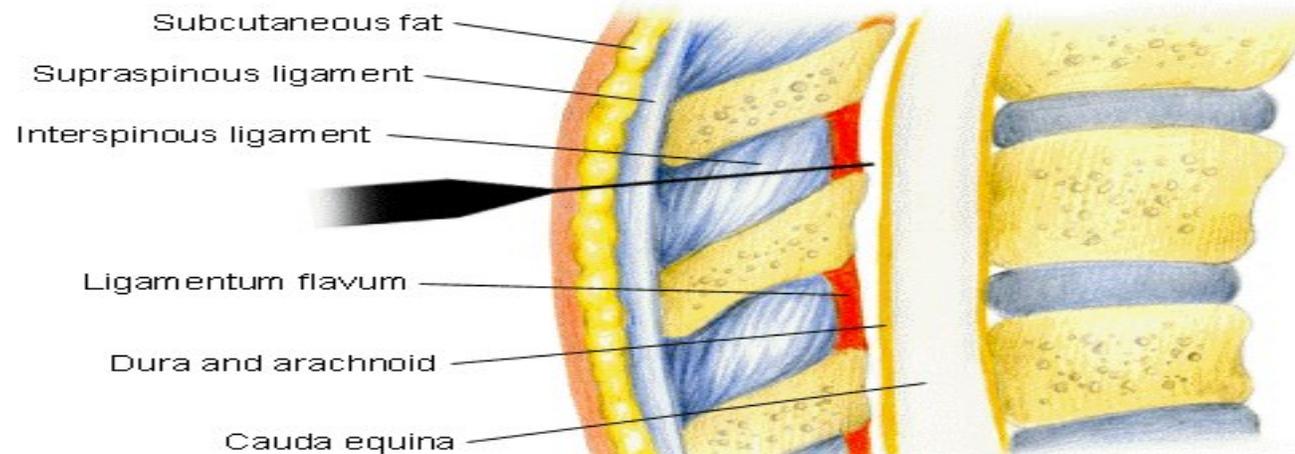


fig.1 anatomy of spinal anaesthetic <http://medaddicts.blogspot.com/>

## Discussion

This is a notable case as the patient underwent spinal anaesthetic just over a month following the blood patch procedure and had no complications.

There are few literature or case studies surrounding the use of neuraxial anaesthesia following blood epidural blood patch but as seen in this case it can be performed successfully in patients around 6 weeks post-procedure, with no recurrence of SIH symptoms.

Secondly, it is important to note that delays in diagnosis of patients with SIH can result in prolonged discomfort and debilitation. Therefore an awareness of spontaneous intracranial hypotension as a potential differential for severe antepartum headaches is important.

## References::

1. AMA McGrath E, M.T., Alexander M, Hennessy MJ. , *Recurrent spontaneous intracranial hypotension in early pregnancy*. BMJ Case Rep. 2010;2010:bcr0520103040. Published 2010 Oct 28. doi:10.1136/bcr.05.2010.3040, 2010.