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PROGRAM KİTABI

P-388

Epidural Blood Patch, Positive Pressure Epidural Space

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INTRODUCTION: Post-dural puncture headache (PDPH) is a troublesome complication of spinal anesthesia, especially for obstetric population. Its exact mechanism is unclear, although the most plausible explanation is the cerebrospinal fluid (CSF) leak through the dural hole and subsequent intracranial pressure changes. Epidural blood patch (EBP) is an adopted method for the treatment of especially severe PDPHs. We present a case of PDPH, in which CSF was detected in the epidural space during EBP.
CASE: A 26 year-old, multiparous woman at 38 weeks of gestation presented for elective, cesarean delivery. The spinal block was performed with a 26-G atraumatic spinal needle at the lumbar 4-5 interspaces in the sitting position at the first attempt. There were no complications intraoperatively. On the third postoperative day she developed fronto-occipital headache worsening with mobilization. She had medical treatment in the hospital with the diagnosis of PDPH and discharged after. At the ninth postoperative day she readmitted to the hospital with severe headache. EBP was planned. At the first insertion of the 18-G epidural needle CSF leak was observed, the needle was retracted. At the second attempt, despite the CSF leakage, 15 mL of autologous blood was injected to epidural space. The headache was disappeared immediately after the procedure. No neurological complications were observed, and the patient was discharged after 4 hours follow-up.
CONCLUSION: In some PDPH cases CSF leakage may occur due to fistula formation between the subarachnoid and epidural spaces. Magnetic resonance imaging, radionuclide cysternography or myelography, epiduroscopy can be used for exact diagnosis. Ultrasound guidance can be used during the EBP procedure for proper detection of the epidural space.

Keywords: Post-dural puncture headache, epidural blood patch, epidural space, cerebrospinal fluid, pozitive pressure