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POST-DURAL PUNCTURE HEADACHE COMPLICATED BY SUBDURAL HEMATOMAS – A CASE REPORT

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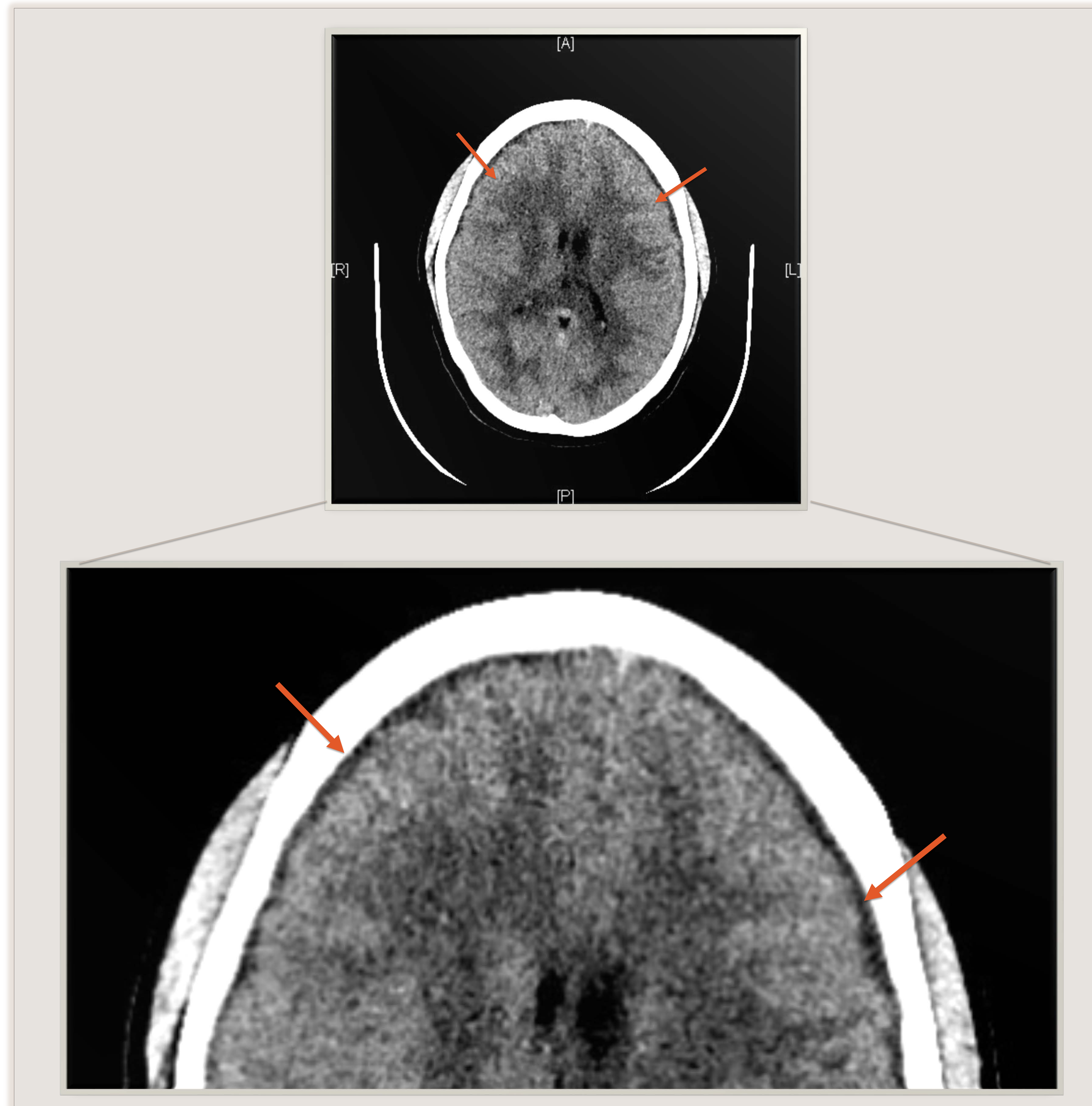
Introduction

Post-dural puncture headache (PDPH) is a potential iatrogenic complication of procedures which disrupt meningeal integrity, particularly in obstetric patients, which are perhaps the highest-risk group. Common clinical manifestations include severe diffuse headache, neck stiffness, and nausea and vomiting; these symptoms, however, are non-specific and PDPH remains a diagnosis of exclusion that can be ascertained with a thorough history and proper consideration of other etiologies.

Case Presentation

A 19-year old woman with no significant medical history presented at our ED with intractable headache five days after delivering her first baby. She reported having epidural anesthesia during labor. Physical examination was largely unremarkable and did not reveal any focal neurological deficits but she did appear significant distress due to her pain, which was positional in nature and worsened with movements. Her condition was further complicated by new-onset seizures shortly after admission. Her condition improved over the course of several days without the need for further intervention aside from pharmacologic management of pain and seizures.

Imaging Studies



Discussion

Half of all obstetric patients in which an accidental dural puncture with an epidural needle has occurred are estimated to develop PDPH. Isolated headaches are considered a common and minor complication following neuraxial anesthesia, the concern with PDPH is the significantly increased risk of subdural hematoma (SDH), cerebral venous thrombosis and bacterial meningitis. Although exceptionally rare, these are serious and potentially life-threatening neurological complications. SDH is thought to be a result of the rupture of meningeal veins secondary to lowered cerebrospinal fluid pressure. Red flags to prompt emergent brain imaging include changes in headache characteristics, focal neurological symptoms, seizures and vomiting. The management of SDH depends on multiple factors including patient's clinical examination and the CT head findings, including clot thickness, signs of brain herniation or elevated intracranial pressure.

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