Regional Anaesthesia

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The anaesthesiologist's own experience in PDPH

Anaesthetic techniques, subarachnoid; Complications, dural puncture, headache.

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Background: Post-dural puncture headache (PDPH) develops during 5 days after dural puncture and attributed to low cerebrospinal fluid (CSF) pressure. It worsens within 15 min after sitting or standing and improves after lying, with at least one of the following: neck stiffness, tinnitus, hypacusia, photophobia and nausea [1]. All known clinical signs of PDPH are related to brain and CSF pressure, but not to local CSF leakage region.

Case Report: I am an anaesthesiologist with 28-years experience. In 2009 I had severe headache and for exclusion of subarachnoid hemorrhage the diagnostic lumbar puncture in L3-L4 level was provided in side position with the Quincke-point needle G22. There was only one attempt without blood-leakage via the needle. CSF was clear and leaked under high pressure and laboratory analysis was normal. On the third day after dural puncture I felt signs of PDPH: quite intensive headache in sitting and especially in standing position with nausea. I was treated conservatively: stayed in bed, oral rehydration, coffee drinking and metamizol orally. PDPH lasted about 3 weeks.

On the 7th day after dural puncture I felt hyperesthesia on the lateral surface of both thighs in the region innervated by both lateral femoral skin nerves. Hyperesthesia lasted for one month and sometimes it was painful to touch as burned surface. After this period the hypesthesia developed in the affected region, which lasts about 45 days.

Discussion: The development of PDPH in my situation was suspected due to risk factors: female with severe headaches in anamnesis, increased CSF-pressure, large needle diameter (G22). The unexpected was the manifestation of neuropathia of both lateral femoral skin nerves. The dural puncture was performed in L3-L4, the lateral femoral skin nerves run from L2-L3. During the puncture I did not feel any paresthesia, so the needle did not touch the nerve branches. There was no blood from the needle, so it is not suspected the blood irritated the nerves. The only possible explanation may be the CSF collected in epidural space could affect the lateral femoral skin nerves. It is not suspected that CSF has direct toxic effect on peripheral nerves, but the pressure provided by CSF collection in vertebral canal can press on nerve branches.

Learning points: PDPH can lead to peripheral neuropathy.

Meralgia paraesthetica (Bernhardt-Roth syndrome)

References: 1.Olesen J. et al. The International Classification of Headache Disorders: 2nd edition //Cephalgia.2004.V.24,S1.P9-160.

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Conflict of interest: None

Euroanaesthesia-2018