CEREBROSPINAL FLUID CUTANEOUS FISTULA AFTER NEUROAXIAL ANESTHESIA

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INTRODUCTION

Neuraxial anesthesia is widely practiced in the obstetric population given its high success rate and safety profile. Despite its low rate of complications, when they do occur, they are extremely inconvenient and can be disastrous in the obstetric setting. Cerebrospinal fluid cutaneous fistula is rarely reported as a consequence of neuraxial anesthesia but can lead to significant morbidity such as severe postural headaches, nausea, vomiting, meningitis or subdural hematoma.

CASE REPORT

Women, 31 years-old
ASA II (pregnancy)

SURGERY:
Elective cesarean section

ANAESTHESIA
Spinal block (27G) + Epidural catheter
placement (18-G)

PERI-OPERATIVE

The chosen anesthetic technique (spinal block and epidural catheter placement) was uneventful.

POST-OPERATIVE ANALGESIA

- During the day of the procedure and the next two days, the epidural catheter was used for analgesia without complications.
- The catheter was removed the third day after the procedure and the patient noted a clear fluid leak from the catheter insertion site - protein and glucose analysis was consistent with cerebrospinal fluid. After neurosurgical consultation, the skin was sutured, with an apparent resolution of the leak.
- The patient remained asymptomatic and was discharged three days after.

CONCLUSION

As the literature is scarce regarding this complication, there are no specific recommendations on its management. A conservative and expectant initial approach including bed rest and hydration is consensual, especially in the absence of symptoms. Cutaneous stitching, epidural blood patch and surgical correction are some of the reported treatments.