Unintended subdural block: a clinical case

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Background

Subdural block is a known complication of neuroaxial anesthesia, although poorly understood and often mistaken for other causes, [1] with a wide range of clinical presentations. [2]

We report a case of a patient in whom hemodynamic instability and tonic-clonic seizure developed following a test dose epidural administration.

Clinical case

Discussion

We interpreted the seizures in this case as consequence of cerebral hypoperfusion due to local anesthetic administration in the subdural space.

The focus was support therapy.

Radiological confirmation of subdural placement with contrast CT was not considered, as it would not change the clinical approach [3].

Other diagnosis were excluded due to absence of motor block (total spinal block), hemodynamic instability without respiratory or cutaneous changes (anaphylatic reaction). LA systemic toxicity was also excluded due to the low dose administered.

Learning Points

A high suspicion level is crucial for the correct diagnosis and appropriate management of subdural catheterization.

Close surveillance, avoidance of further injections of LA and institution of support therapy are mandatory to avoid critical complications, such as cardiopulmonary arrest and death.

REFERENCES

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- 3 G. T. Bell and J. C. Taylor. Subdural Block-Further Points. Anaesthesia. Vol. 49, No. 9, 1994, pp. 794-795.