MEDICALLY CHALLENGING CASE • ASRA PAIN MEDICINE FALL 2026

Guideline Eligibility Does Not Equal Clinical Indication for Repeat Epidural Blood Patch: A Case of Post-Patch Radiculitis

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Meeting criteria for a repeat epidural blood patch doesn't mean you need one.

Her recurrent symptoms had a different cause. Individualized reassessment identified it and guided her recovery.

11 mL
BLOOD PATCH VOLUME
(limited by back pressure)

2 days
FROM PATCH TO
HEADACHE RECURRENCE

3 months
TO FULL RESOLUTION
WITHOUT A SECOND EBP

CASE TIMELINE

1. **DAY 0** — VBAC; labor epidural (L3–L4 attempt → L4–L5 placed)
2. **72 H** — PDPH onset
3. **DAY 3** — Fluoroscopic EBP, 11 mL
4. **DAY 5** — Headache recurs; MRI: subdural collections
5. **DAY 9** — ED visit; pre-eclampsia excluded
6. **3 MO** — Pelvic floor mechanism identified; resolved with conservative care

1 THE CLINICAL QUESTION

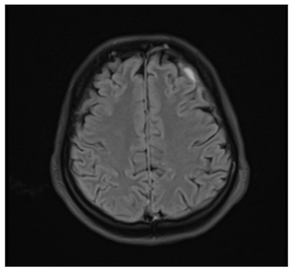
- PDPH after an obstetric epidural is common; epidural blood patch (EBP) is first-line treatment.
- Guidelines: if headache recurs after initial relief, the patient is generally a candidate for a second EBP.
- But the same guidelines say new neurologic symptoms or atypical features should prompt imaging and reassessment before repeating.
- So where is the line between "eligible" for repeat EBP and actually "indicated" for one?



Figure 3. Selected high- and moderate-certainty recommendations from the 2024 multisociety PDPH consensus guideline. Source: Uppal V, Russell R, Sondekoppam RV, et al. Reg Anesth Pain Med. 2024;49(7):471-501.

2 CASE SUMMARY

- 36-year-old woman, migraine + gestational diabetes, labor epidural for VBAC.
- L3–L4 attempted → catheter placed L4–L5; no dural puncture recognized.
- PDPH at 72h postpartum → fluoroscopic EBP, 11 mL (limited by back pressure).
- Immediate transient right thigh pain and weakness, resolved within 48 hours.
- Headache recurred 2 days later.



Brain MRI: bilateral thin subdural collections and pachymeningeal enhancement, compatible with intracranial hypotension.

3 IMAGING & CLINICAL REASONING

- Lumbar MRI: epidural signal at L2–L3 = cephalad spread from the L4–L5 patch → mistargeting unlikely.



Lumbar MRI: L2–L3 posterior epidural signal, no compressive lesion.

- At 3-month follow-up: new pattern of post-defecation radicular pain with new hemorrhoids.
- Normal spine imaging with this symptom pattern pointed toward a pelvic floor or anorectal mechanism.
- Treated with pelvic floor exercises and simple analgesics, with improvement and no second EBP performed.

4 TAKE-HOME POINTS

- "Recurrence" after EBP can reflect several distinct diagnoses; the whole clinical trajectory deserves attention.
- New radicular pain after EBP warrants consideration of transient mass effect and non-neuraxial mimics before repeating the patch.
- Postpartum musculoskeletal and pelvic-floor mimics of radiculopathy are common; ask about bowel habits and hemorrhoids.
- Guideline eligibility opens the door to repeat EBP, and the differential still needs to be worked through.

UPDATE AT TIME OF PRESENTATION

Family medicine follow-up (9/2026): PT now addressing bilateral trapezius myofascial strain noted on exam in August; pelvic floor PT and colorectal referral ongoing for pelvic floor dysfunction and hemorrhoids. Findings continue to support a musculoskeletal and pelvic floor mechanism, with no evidence of recurrent neuraxial pathology.

1. Statement on Post-Dural Puncture Headache Management. American Society of Anesthesiologists; 2021.
2. Uppal V, Russell R, Sondekoppam RV, et al. Evidence-based clinical practice guidelines on postdural puncture headache. Reg Anesth Pain Med. 2024;49(7):471-501.
3. Desai MJ, Dave AP, Martin MB. Delayed radicular pain following two large volume epidural blood patches for post-lumbar puncture headache: a case report. Pain Physician. 2010;13(3):257-262.
4. Bateman EA, Fortin CD, Guo M. Musculoskeletal mimics of lumbosacral radiculopathy. Muscle Nerve. 2025;71(5):816-832.
5. Rao SSC, Bharucha AE, Carrington EV, et al. Anorectal disorders. Gastroenterology. 2026;170(6):1318-1346.

Conflicts of interest: authors report none to disclose. • **Consent: written informed consent obtained; de-identified per Cook County Health IRB-exemption policy.** • **Contact: wilfredo.gutierrez@cookcountyhealth.org**