

Title: Arachnoiditis after Epidural Blood Patch for Intracranial Hypotension



PRESENTER:

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BACKGROUND: Epidural blood patch (EBP) is an effective treatment for cerebrospinal fluid (CSF) leak; however, unintentional intrathecal injection of blood during this procedure can lead to complications that can potentially be debilitating.

CASE DESCRIPTION

- 1. 32 yo F G1P0 at 39w2d received combined spinal epidural (CSE) complicated by unintended dural puncture followed by post dural puncture headache (PDPH).
- 2. EBP performed post-operative day (POD) 2 using landmark technique in sitting position at same level of dural puncture
- 3. Improvement in PDPH over the next several hours and discharged home
- 4. Patient presented POD 6 with continued radicular back pain with MRI imaging revealing subdural hematoma at L2-3 level with secondary adhesive arachnoiditis
- 5. Conservative management with close follow up revealed improvement in symptoms without further intervention



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Figure 1: MRI imaging of the spine showing laminar posterior left subdural hematoma at L2-3 level.



Figure 2: MRI imaging of spine showing subarachnoid hemorrhage in the lumbosacral transition with secondary adhesive arachnoiditis in the lower cauda equina nerve roots.

DISCUSSION

- Epidural blood patch for PDPH is not without risk.
- Factors that increase risk: procedure error, large volume of injection, high speed/pressure of injection, injection at same level of dural puncture.
- This highlights importance of discussing with patients all risks associated with EBP including potentially debilitating complications.

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