

A Case Report: Unilateral Horner's Syndrome in a Normal BMI Patient Following Labour Epidural Analgesia

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INTRODUCTION

Horner's Syndrome (HS) is a rare complication of lumbar epidural analgesia during labour, caused by unintended cephalad spread of local anaesthetic agents.



CASE PRESENTATION

- 32-year-old, G1P0, BMI 25.2, mild scoliosis
- Epidural: L3–L4, levobupivacaine 0.1% + fentanyl 2 mcg/ml via PCEA
- Onset: 3 hours post-epidural – left eye itching, ptosis, miosis
- No haemodynamic instability or foetal compromise
- Analgesia level: T2 (left), T4 (right)
- Epidural reduced, remifentanyl PCA started
- Symptoms resolved in 24 hours

DISCUSSION

- Incidence of HS with epidurals: 0.13–1.5% (up to 4% in C-sections)
- Risk factors: Spinal anomalies like Scoliosis, supine position, anatomical variations, pregnancy-related physiological changes
- Pathophysiology:
 - Common: Cephalad spread of local anaesthetic to cervical sympathetic chain, due to reduction of epidural cavity, rhythmic upward movement of LA owing to uterine contraction.
 - Uncommon: Epidural Septae (2%), Subdural injection of LA
- Management: Early detection and reassurance, dose reduction, alternative analgesia



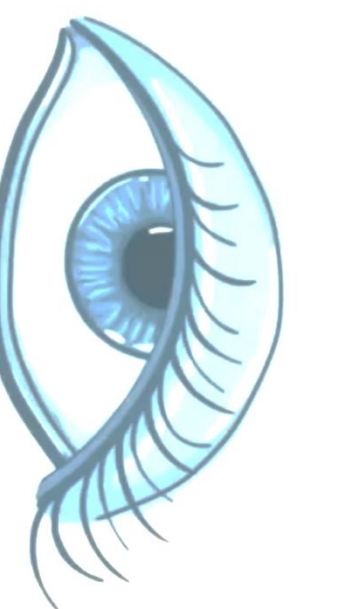
Upper eye lid drooping- Ptosis
Pupillary constriction- Miosis
Conjunctival redness
Absence of sweating: Anhidrosis



Figure 1: Horner Syndrome



Figure 2: Our patient with left sided Horner Syndrome



CONCLUSION:

Horner's Syndrome, although rare and self-limiting, warrants vigilant monitoring, especially in patients with spinal deformities. Prompt adjustment of epidural infusion and reassurance can effectively manage the condition.



CONSENT: We explained and obtained consent from the patient for publication.

CONFLICTS OF INTERESTS: There are no conflicts of interest



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