



Obstetric
Anaesthetists'
Association

Obstetric Anaesthesia Annual Scientific Meeting 2025

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International Convention Centre (ICC), Belfast

¹Bedfordshire Hospitals NHS Foundation Trust

Differential Diagnosis Considered

1. Persistent PDPH due to failed EBP: Unlikely, given the non-positional nature of the headache.

3. Cerebral Venous Sinus Thrombosis: Ruled out by normal MR venogram.

Key Learning Point

- Consider RIH in patients with new or worsening symptoms following an EBP.
- Changes in the location and pattern of headache are indicative of the diagnosis [1].
- The headache that worsens with recumbent position, is localised in the periorbital area, and occurs in the early morning are characteristic features of intracranial hypertension.
- Nausea, vomiting, blurred vision, and diplopia are other symptoms that suggest the development of RIH [1].
- Conservative management is typically sufficient, but acetazolamide may be considered in persistent cases [5].
- Differential diagnosis should include cerebral venous sinus thrombosis (CVST), particularly in postpartum patients.
- RIH typically resolves within weeks but requires careful monitoring [6].

Conclusion

This case highlights the significance of considering RIH in patients with persistent headaches and visual disturbances following an EBP. Ophthalmologic evaluation, neuro-imaging and conservative management can lead to favourable outcomes. Early detection of RIH prevents unnecessary interventions and ensures optimal patient care.



On Day 8, fundoscopy revealed grade 1 papilloedema bilaterally. She was reassured and advised to continue oral analgesics and a follow-up review by an ophthalmologist within a week. Her symptoms gradually resolved, with complete resolution within two weeks without any interventions to reduce intracranial hypertension.

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3. Karm MH, Ahn JH, Chung YG, et al. Rebound intracranial hypertension following treatment of spontaneous intracranial hypotension. *J Clin Neurol*. 2015;11(2):184-6.
4. Kranz P.G., Amrhein T.J., Gray L. *Rebound intracranial hypertension: a complication of epidural blood patching for intracranial hypotension*. *AJNR Am J Neuroradiol*. 2014 Jun;35(6):1237-40.
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