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BREAKAGE OF AN EPIDURAL CATHETER WITH RETAINED FRAGMENT INSERTED FOR LABOR ANALGESIA

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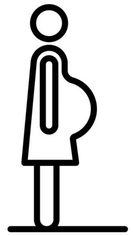
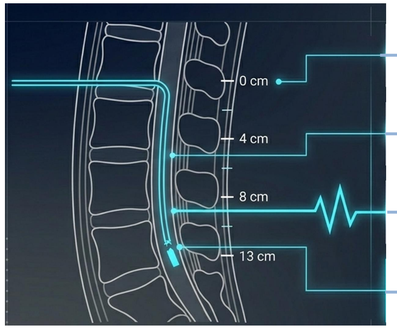


- A 32-year-old primigravida at 40+1 weeks' gestation
- BMI of 26.7
- Single cephalic fetus- Planned vaginal delivery
- Labor induced with oxytocin
- Epidural analgesia at 4 cm cervical dilation



Target Reached: Epidural space located at 8 cm depth (loss-of-resistance-to-saline-technique)

Cateter Advanced: Advanced 5 cm further into the epidural space

The complication: resistance encountered during withdrawal

The breakage: catheter severed, leaving a retained fragment of approximately 5 cm

The patient declined re-attempted epidural placement and proceeded without further analgesia. Labor and delivery were uneventful.

Lumbar X-Ray (Post Partum) : result NEGATIVE

CT Imaging

Finding: demonstrated a clear radiopaque linear structure measuring 4 cm in length

Location: right posterolateral soft tissue at L2 vertebral level (fig 1).

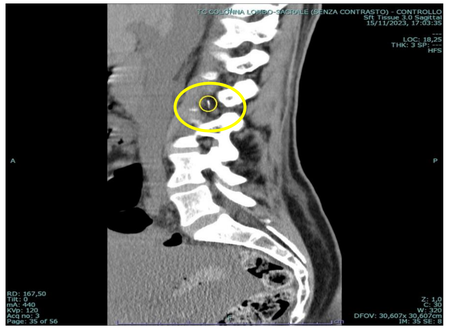


Fig.1

Patient was entirely asyntomatic without neurological deficits

Material: modern catheter materials posses a highly inert nature, minimizing forein body reaction

Risk Profile: surgical retrieval introduces unnecessary procedural morbidity

Proceed with Conservative Management (clinical and Radiological Follow-up)

DELIVERY (Day 0)

DISCHARGE (Day 3)

RADIOLOGICAL FOLLOW-UP (Day 40)

The CT scan (at 40 day) confirmed the continued presence of the linear structure at the L2 level, consistent with prior imaging (Fig.2).

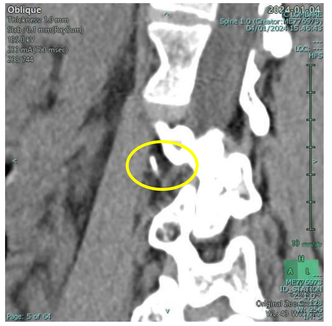


Fig.2