Broken fragments of epidural catheters in parturients. 2 cases from 2 countries.

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Introduction

Epidural catheter insertion is a technically challenging procedure which requires precise skills. The rare part of the complications depends on epidural catheters. Epidural catheters could kink, knot, break [1].

Case report

A 22 year old woman pregnant with twins was admited to the hospital of Lithuanian University of Health Sciences Kaunas clinics for labour induction due to preeclampsia. She requested an epidural analgesia. The epidural space was identified at L3-4 interspace. The insertion of the catheter was not successful and it was gently pulled out. The tip of the catheter 3-4 mm was missing. A neurosurgeon consulted, the patient had no neurological symptoms, conservative management with observation was recommended. The patient still requested an epidural analgesia and the L2-3 interspace was successfully catheterised by a senior anaesthesiologist. Due to chorioamnionitis, a Cesarean section under epidural anesthesia was performed. Treatment with ampicilline-sulbactam and vancomycin was initiated. A CT scan could not locate the catheter tip, MRI was deferred due to the absence of symptoms.

A previously healthy nulliparous woman was admitted to a delivery unit at the Skanes University Hospital in Lund (Sweden) with regular contractions. She requested an epidural analgesia. An epidural space was identified with loss of resistance at the L3-4 interspace, but epidural catheter threading was met with resistance. The catheter was withdrawn and 3-5 cm of epidural catheter was missing. The patient did not experience any urgent neurological symptoms. The case was escalated to a senior consultant who advised contacting a neurosurgeon. The neurosurgeon recommended a CT and prescribed heracillin. The epidural catheter tip was visualised in the interspinal ligament. The surgery was delayed, the tip of the epidural catheter could not be retrieved, prolonged treatment with antibiotics was prescribed.

Discussion

The broken tip could be in the spinal canal, therefore the scanning and follow- up crucial [2]. If patients do not develop neurological symptoms, observation tactics can be acceptable. The observation tactics may not only be accetable, but also more favorable. These tactics help to avoid risky surgery.

Literature:

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