

Delayed neurological sequelae from retained epidural catheter fragment (1/3)

RJ Tong[‡], JL Wagner^{*}

[‡]New York Medical College/Westchester Medical Center, ^{*}Danbury Hospital

- ▶ Epidural catheter breakage resulting in retained fragment is rare/underreported; few guidelines exist including how long to surveil asymptomatic cases.
- ▶ Foreign body reaction, lumbar stenosis, radiculopathy have been reported; recent case reports suggest that minor fragments may be left in place if asymptomatic.^{1,2}
- ▶ We present a case of retained fragment causing neurological symptoms after 1 month ultimately requiring surgical intervention.

Patient: 32 yo G1P0, no significant PMHx (ASA 2), presenting at 39w following SROM



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RJ Tong[‡], JL Wagner^{*}

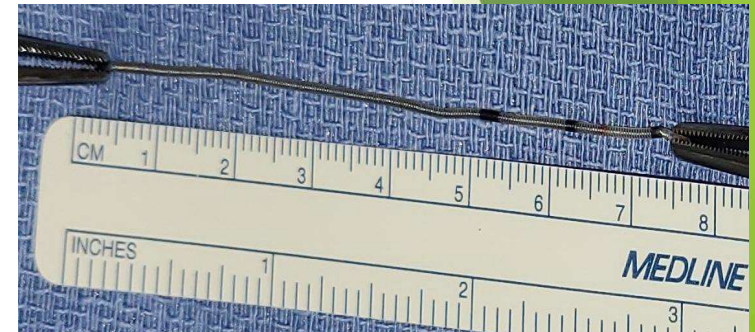
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Hospital Course:

- ▶ Catheter placed at L3-L4, R paramedian approach, secured at 15cm
- ▶ Resistance noted on 1st attempt at removal; on 2nd attempt catheter at 14cm mark
- ▶ Pt was asymptomatic at discharge and declined surgical removal

Neurosurgical Management:

- ▶ At 4wk follow-up: +bilateral low back pain with radiation down LLE
- ▶ At 7wk follow-up: fragment removed under GA; catheter identified in interlaminar space via dissection down L3 spinous process and easily removed without laminectomy
- ▶ Resolution of radiculopathy sx



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Discussion:

- ▶ While surgery may be deferred in asymptomatic cases of retained epidural fragments, related adverse events can take up to 4w to appear
- ▶ Theoretical concern that fragment could be nidus for infection; however, antimicrobial prophylaxis was deferred, and patient did not develop s/sx of infection
- ▶ Risk factors predisposing to catheter breakage in this case: paramedian approach, securing at >5cm at skin, reinforced catheter

References:

1. Anwari, Jamil S., Yahya Al-Wahbi, and Saleh Al-Nahdi. "A broken catheter in the epidural space." *Neurosciences Journal* 19.2 (2014): 138-141.
2. Hobaika, Adriano Bechara de Souza. "Breakage of epidural catheters: etiology, prevention, and management." *Revista brasileira de anestesiologia* 58 (2008): 227-233.



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