

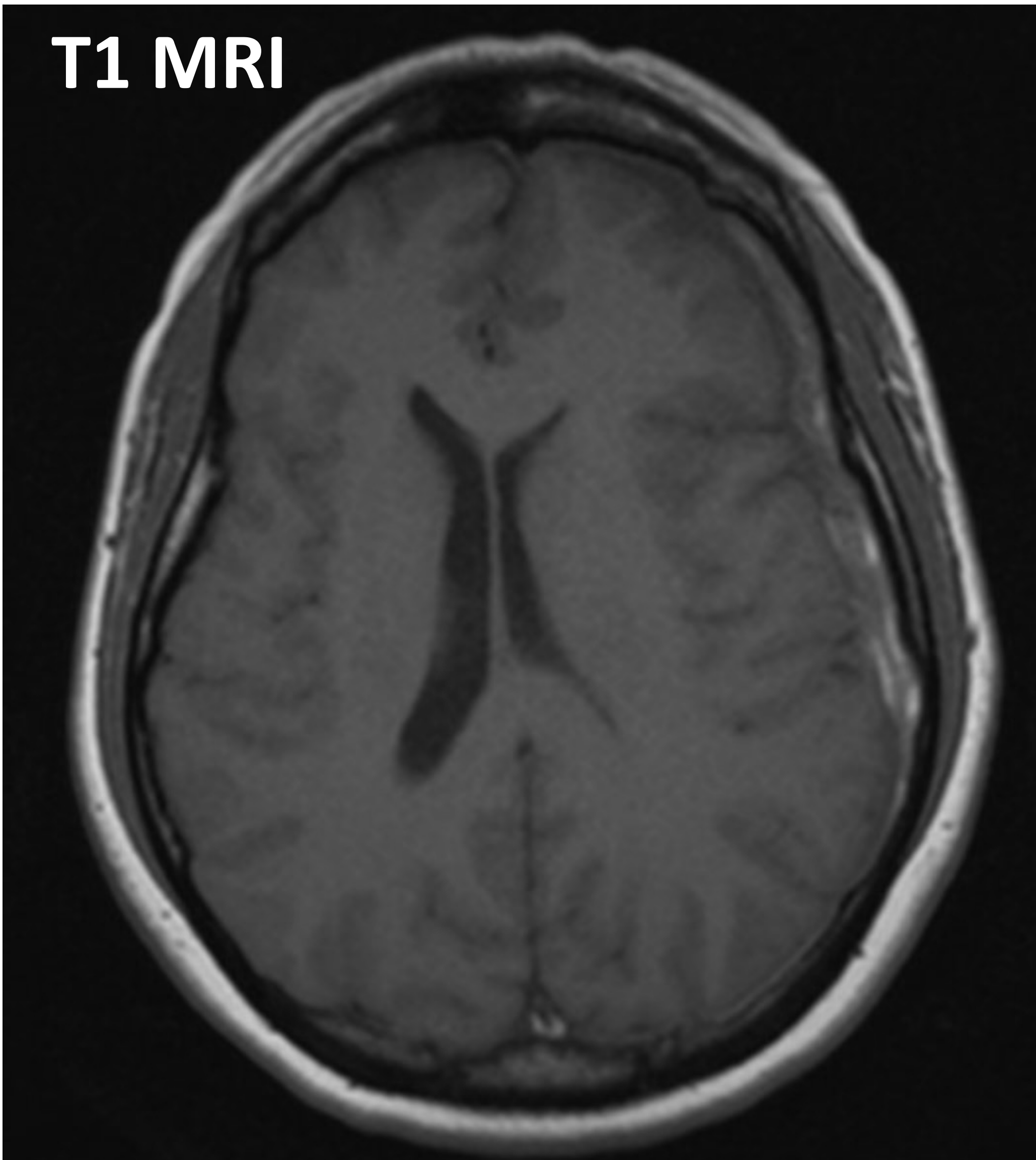
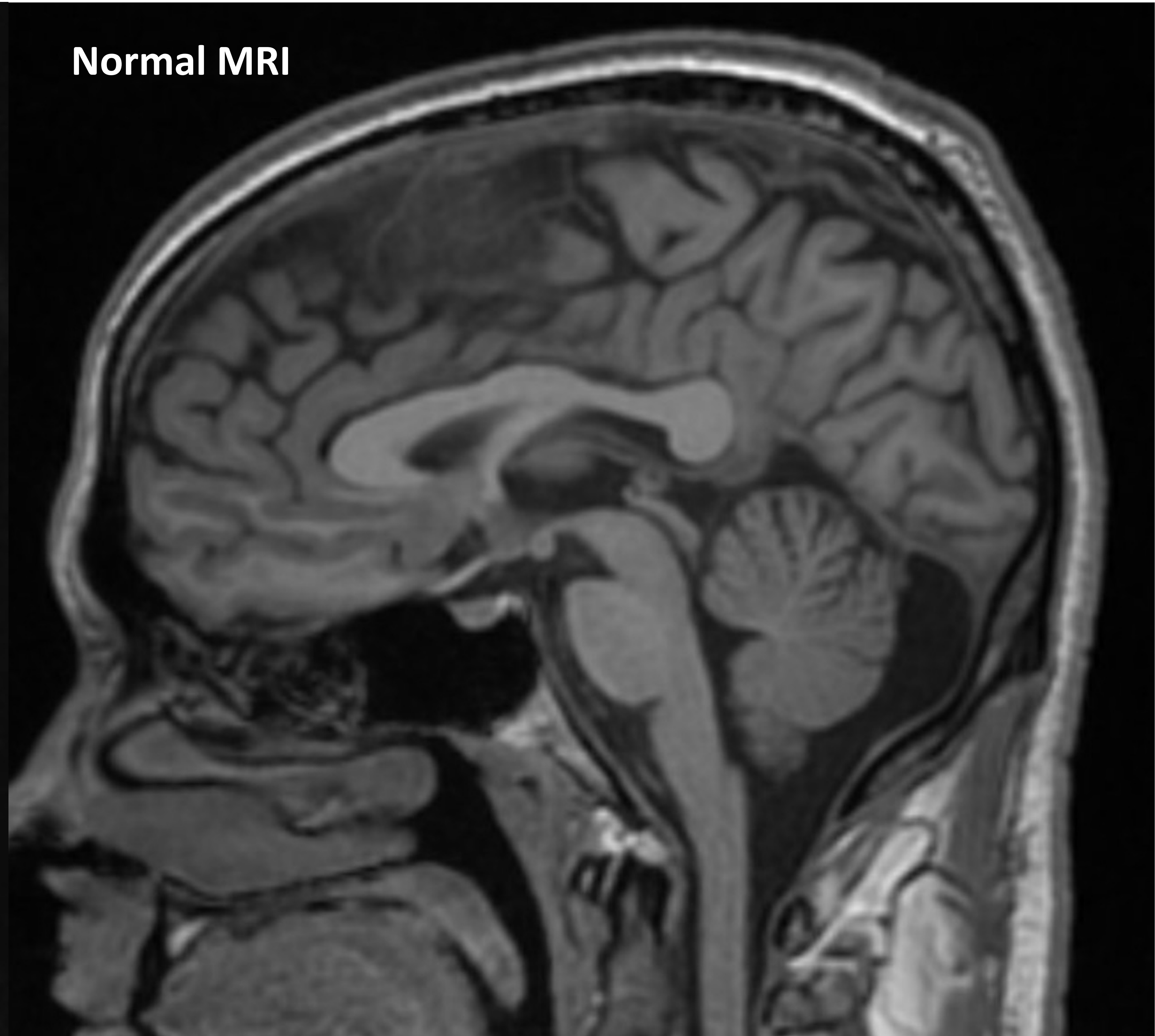
Epidural Blood Patch in a Parturient with Subdural Hematoma and Midline Shift

Andrew Sprowell, MD¹
Philip E. Hess, MD¹
Yunping Li, MD¹

¹ Department of Anesthesia, Critical Care and Pain Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School

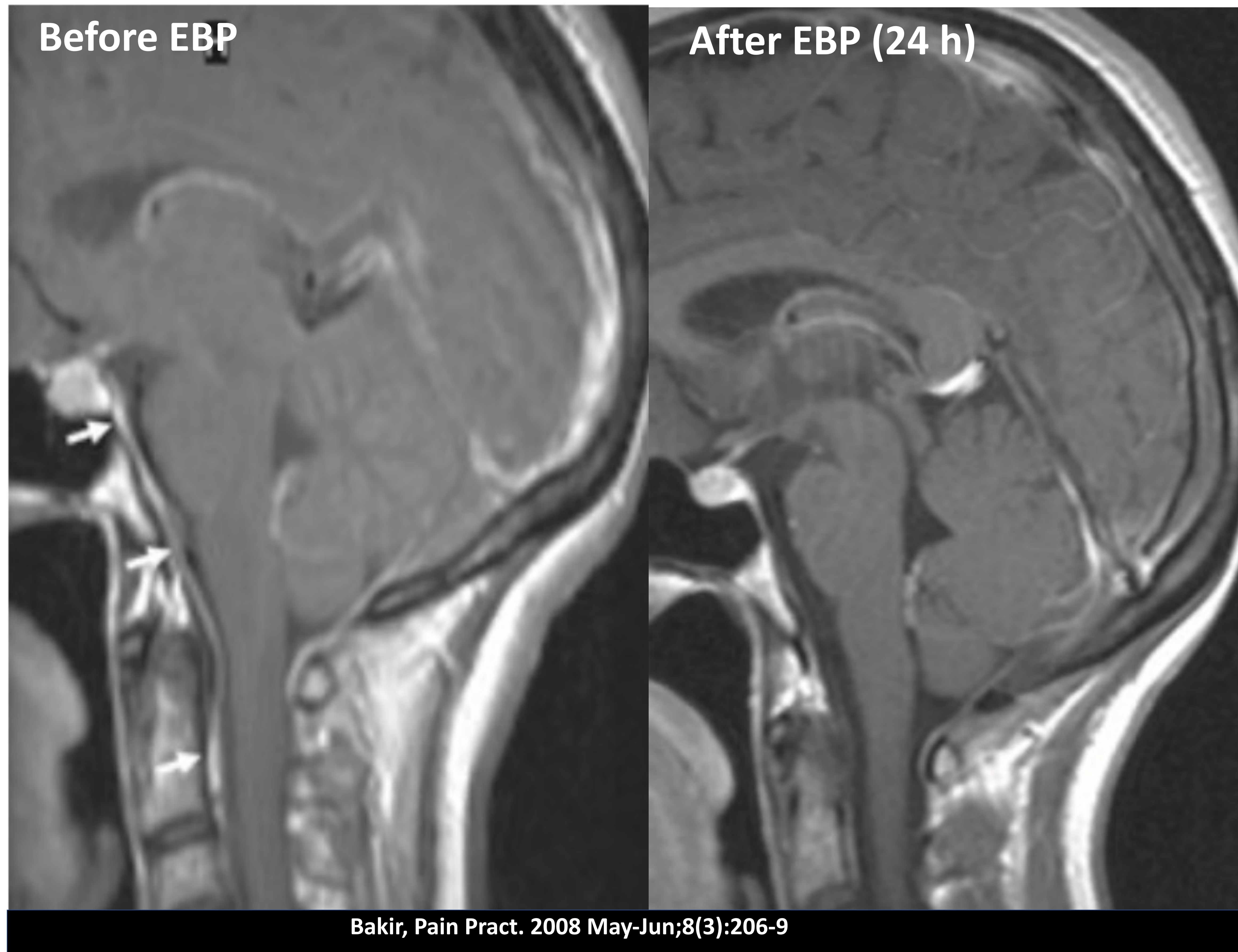


POD 0		POD 1-2		POD 3		POD 4		POD 6		POD 8		POD 10	
Morning						Evening							
Cesarean	Routine	Headache	SDH	Transfer	CTA	MRI	EBP	Discharge					
<ul style="list-style-type: none">28 y/o G1P0 @ 40⁶Pre-eclampsiaLabor epidural analgesiaIntrapartum cesarean (fetal distress)	<ul style="list-style-type: none">AmbulatingPlatelets 193,000/μLEnoxaparin 40 mg daily	<ul style="list-style-type: none">“Worst headache of life”<ul style="list-style-type: none">FrontalOccipitalNeckMg++	<ul style="list-style-type: none">SomnolentCT head7 mm SDH5 mm midline shiftEnoxaparin stopped		<ul style="list-style-type: none">CTA normalCT head stableClinically stablePDPH symptoms<ul style="list-style-type: none">FrontalOccipitalDiplopiaPhotophobiaNeck pain	<ul style="list-style-type: none">Obstetric Anesthesia consulted for epidural blood patch (EBP)Lumbar MRIBrain MRI	<ul style="list-style-type: none">Epidural Blood Patch (34 mL)Immediate resolution of HA symptoms	<ul style="list-style-type: none">Discharged homeNo HA recurrenceDoing well					



Notable findings:

- Brain sagging
- Poorly defined pons and midbrain
- Decreased CSF surrounding the cerebellum
- Downward tonsillar descent
- Herniation of the corpus callosum through the incisura



Considerations prior to EBP

- Stable clinical exam
- No further bleeding or worsening shift
- Radiologic and clinical signs of intracranial hypotension
- Clear diagnosis of PDPH
- Rule out of occult mass lesion (with MRI)
- Rule out of other causes of headache
- Multidisciplinary care

Special thanks to Dr. Elizabeth Du, MD
Diagnostic Neuroradiology
Beth Israel Deaconess Medical Center



Beth Israel Deaconess
Medical Center



HARVARD
MEDICAL SCHOOL