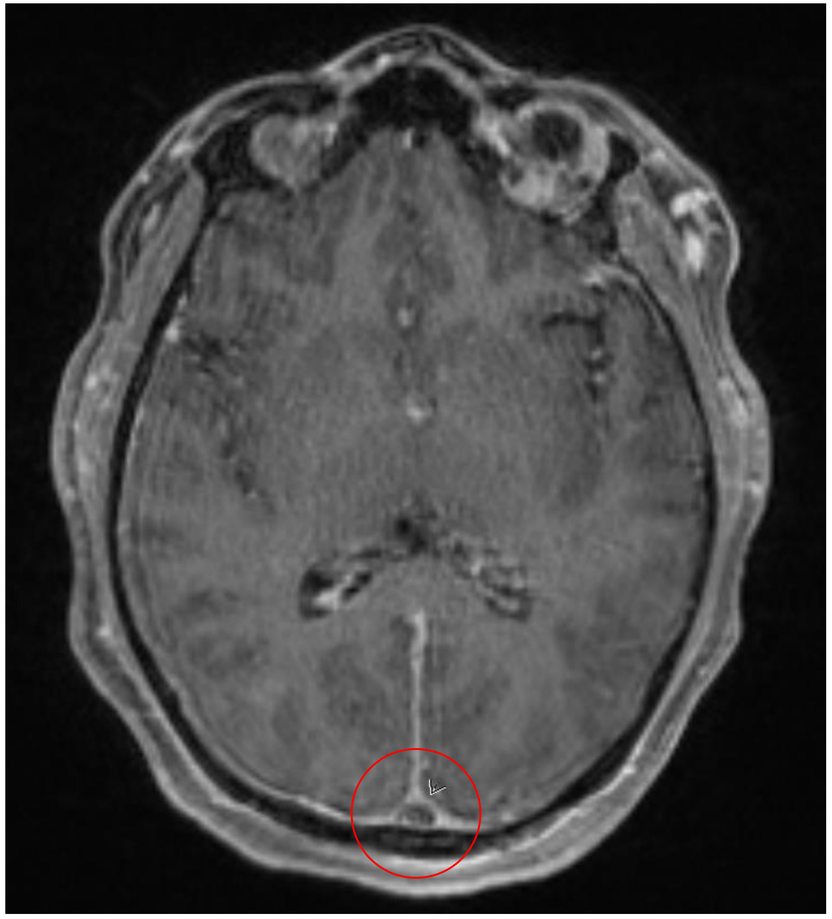
Background

- Cerebral venous sinus thrombosis (CVST) is a rare and life-threatening complication following delivery
- Early stages of CVST may mimic PDPH
- Unintentional dural puncture (UDP) increases the risk of CVST
- We present a case of UDP with acute PDPH followed by subacute CVST

Case

- PPD 0- Unintentional dural puncture
- PPD 1- Positional headache (HA) → PDPH
  - Epidural blood patch performed. HA resolution
- PPD 9- Presented to ED with recurring HA, desired conservative management, discharged with Fiorcet
- PPD 11- Returned to ED with worsening HA, mental status changes, and new neurologic deficits
  - CT venogram- extensive CVST
  - Therapeutic anticoagulation and neuro ICU
- PPD 25- Discharged to inpatient rehab with near-baseline return of function



Teaching Points

- Heightened vigilance in obstetric patients with unintentional dural puncture
  - Early neuroimaging in atypical/refractory cases

- Dural puncture alters CSF dynamics
  - Cerebral venous dilation and stasis of CSF flow

Post Dural Puncture Headache	Cerebral Venous Sinus Thrombosis
Classic positional component	Absent or atypical positional component
24-72 hours onset	Days to weeks onset
Focal deficits rare	Commonly seizures, focal deficits, AMS, papilledema
Conservative management → epidural blood patch	Therapeutic anticoagulation