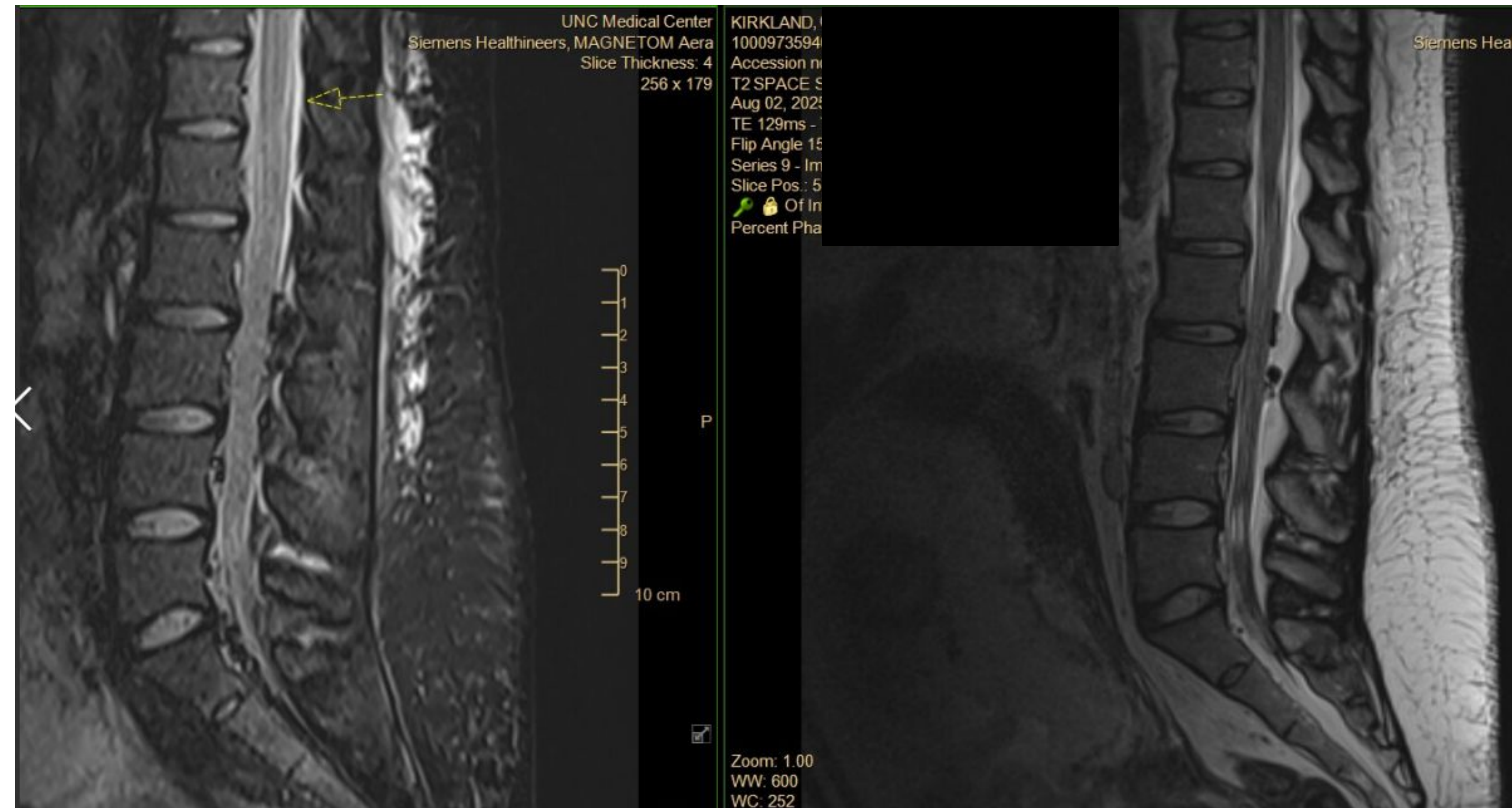


A Spine with Secrets: Aborted Epidural Blood Patch in an Obstetric Patient With Undiagnosed Lumbar Spinal Stenosis and Epidural Lipomatosis

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- Post-dural puncture headache (PDPH) develops in about 1% of obstetric neuraxial cases. **Epidural blood patch (EBP)** is the gold standard for PDPH and is generally associated with a low rate of neurologic complications.
- Congenital spinal stenosis likely occurs in 2.6 - 4.7% of the population - characterized by a narrow canal from congenitally short pedicles
- We present a case in which **multiple EBP attempts** were aborted due to concerning **neurologic findings**, ultimately revealing **previously undiagnosed** congenital lumbar stenosis and epidural lipomatosis.

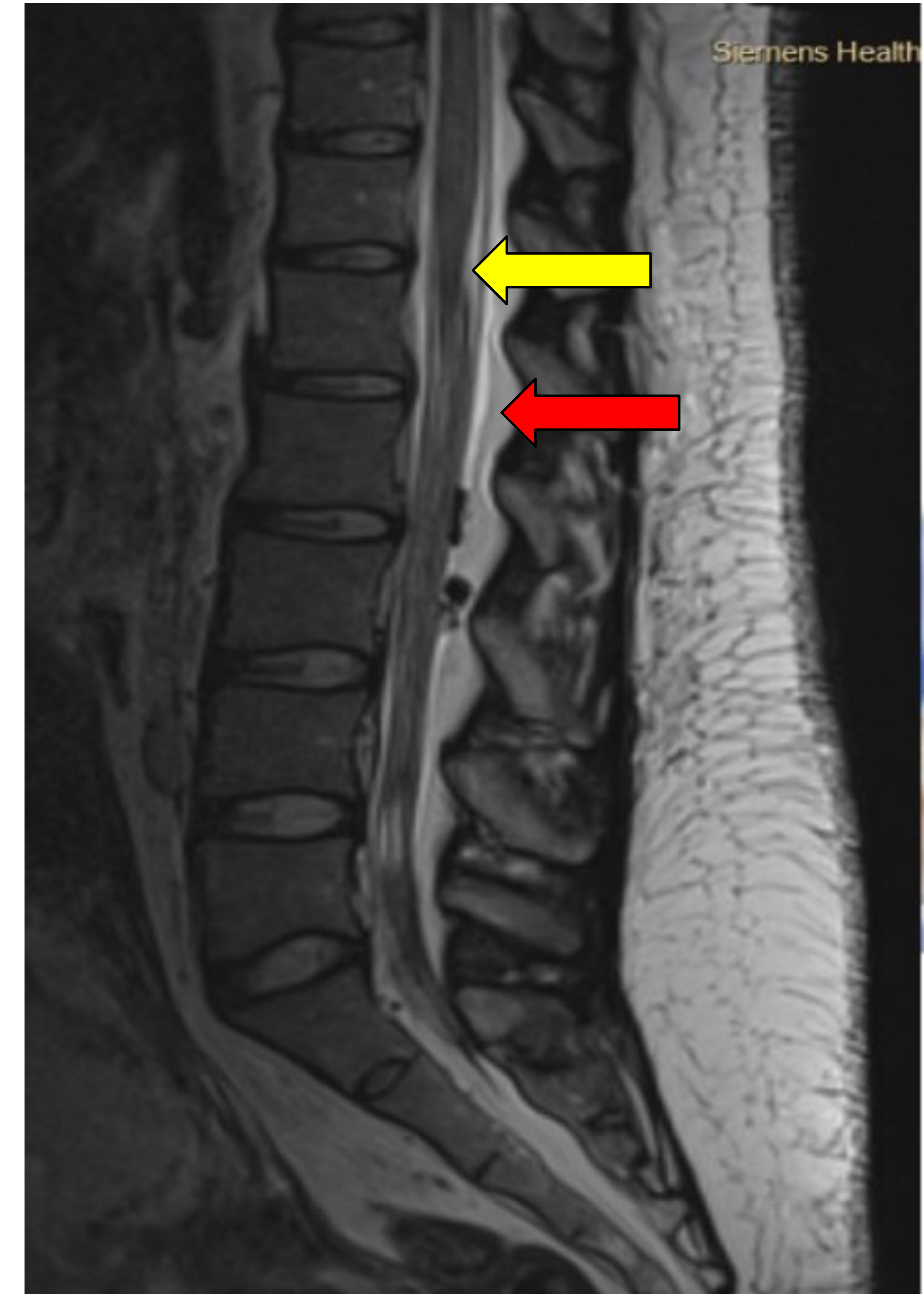
Case Presentation:

- A 39-year-old G1 at **17 weeks** with a mono-di twin pregnancy underwent cervical cerclage and microwave cord occlusion under **combined spinal-epidural** anesthesia. Placement was complicated by an **unintentional dural puncture at L2-3** with a 17G Tuohy needle, followed by successful epidural placement at L3-4.



- POD2 → postural headache, neck stiffness, and photophobia consistent with PDPH
- Epidural blood patch (EBP) at L3-4 was aborted after fluid aspiration raised concern for **repeat dural puncture**
- A second EBP attempt at L2-3 on POD3 was also aborted due to **severe paresthesia** and fluid return with unilateral sensory changes after test dose.

- Lumbar MRI revealed **congenital spinal stenosis with small pedicles** (yellow) significant posterior **epidural lipomatosis** (red), air in the epidural and subdural spaces, and a posterior subdural fluid collection. Symptoms resolved with conservative management over two weeks.



Clinical Pearls



- **Maintain vigilance during epidural blood patch (EBP)**, particularly when neurologic symptoms or unexpected fluid return occur.
- **Undiagnosed spinal pathology** (e.g., spinal stenosis, epidural lipomatosis) is more common than expected and can significantly **distort epidural anatomy** and increase the risk of **inadvertent intrathecal or subdural injection**.
- Immediate recognition of warning signs and **prompt termination of the procedure** are essential to prevent neurologic complications.
- **Consider spinal imaging** when findings are atypical, both to guide diagnosis and to inform **future anesthetic planning**.