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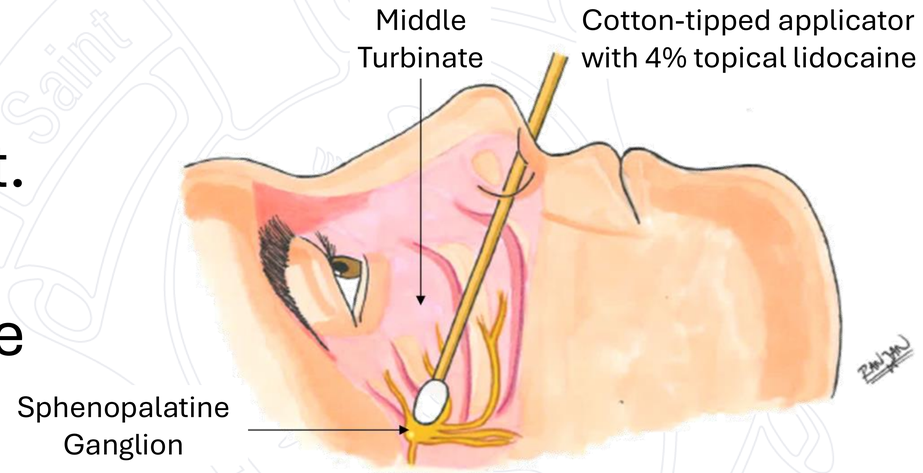
Transnasal topical sphenopalatine ganglion block for temporary symptom relief in two parturients with mild to moderate post-dural puncture headache who either declined or deferred epidural blood patch

Background

- Epidural blood patch (EBP) is the definitive treatment for PDPH. However, it is an invasive procedure with risks that patients with mild to moderate symptoms may be reluctant to accept.
- Transnasal topical sphenopalatine ganglion block (**SPGB**) is emerging as a minimally invasive bedside intervention that may provide rapid, short-term relief with a favorable safety profile.

Transnasal Topical
Sphenopalatine Ganglion Block (SPGB)



Manohara S, Lim YC.
Open Journal of Anesthesiology. 2022;12:1-7

The Cases

Case 1: 33 y/o parturient

- Developed **mild to moderate PDPH** 55 hours after labor analgesia by dural puncture epidural (DPE) technique.
- **Declined EBP** but wished to actively pursue other treatment options. **SPGB** was performed.
- Difficulty accessing the left nasal cavity resulted in partial relief from a right-sided block. A subsequent contralateral block produced complete relief.
- Mild symptoms recurred the following day, and a **second SPGB** was performed at 80 hours post-DPE, after which **symptoms resolved**.

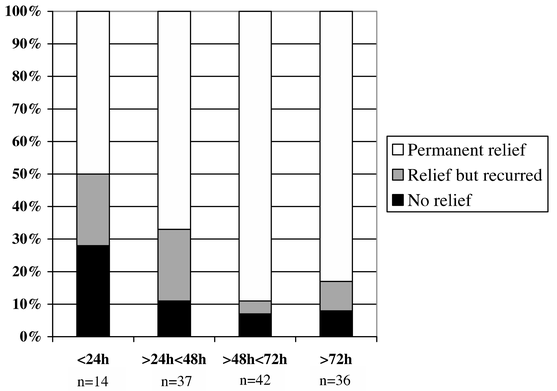
55h 80h
PDPH→SPGB→SPGB→Resolved

Case 2: 33 y/o parturient

- Developed **mild PDPH** 30 hours after labor analgesia by DPE.
- **Declined EBP** and elected to undergo **SPGB**, with complete relief lasting approximately 10 hours.
- When moderate symptoms recurred, the patient **deferred EBP** and opted for a **second SPGB** at 59 hours post-DPE.
- Moderate symptoms persisted the following day, and the patient **consented to EBP** at 77 hours.
- **Symptoms resolved** shortly after EBP.

30h 59h 77h
PDPH→SPGB→SPGB→EBP→Resolved

Teaching Points



Kokki M. et al.
Int J Obstet Anesth. 2013;22:303.

- PDPH often resolves with conservative therapy within 24-48 hours.
- Early EBP within 24 hours of dural puncture is less likely to succeed.
- Patients may experience substantial discomfort during the gap in management between 24-48 hours awaiting optimal timing for invasive EBP.
- **Our experience suggests SPGB may be considered as part of a stepwise approach, providing temporary relief while preparing patients for the possibility of EBP.**
- Like other conservative therapies, SPGB is not a definitive treatment. Randomized trials have shown mixed results, and further study is needed to clarify its role.

Mahanty PR, et al.
World J Clin Cases. 2026;14(3):114521.