Diagnostic Challenges of Postpartum Headache after Neuraxial Analgesia in a Parturient with a Reported History of Idiopathic Intracranial Hypertension

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Postpartum headache ~40%

Tension Headache ~50-75%

PDPH ~1%

PRES ~0.2-0.4%

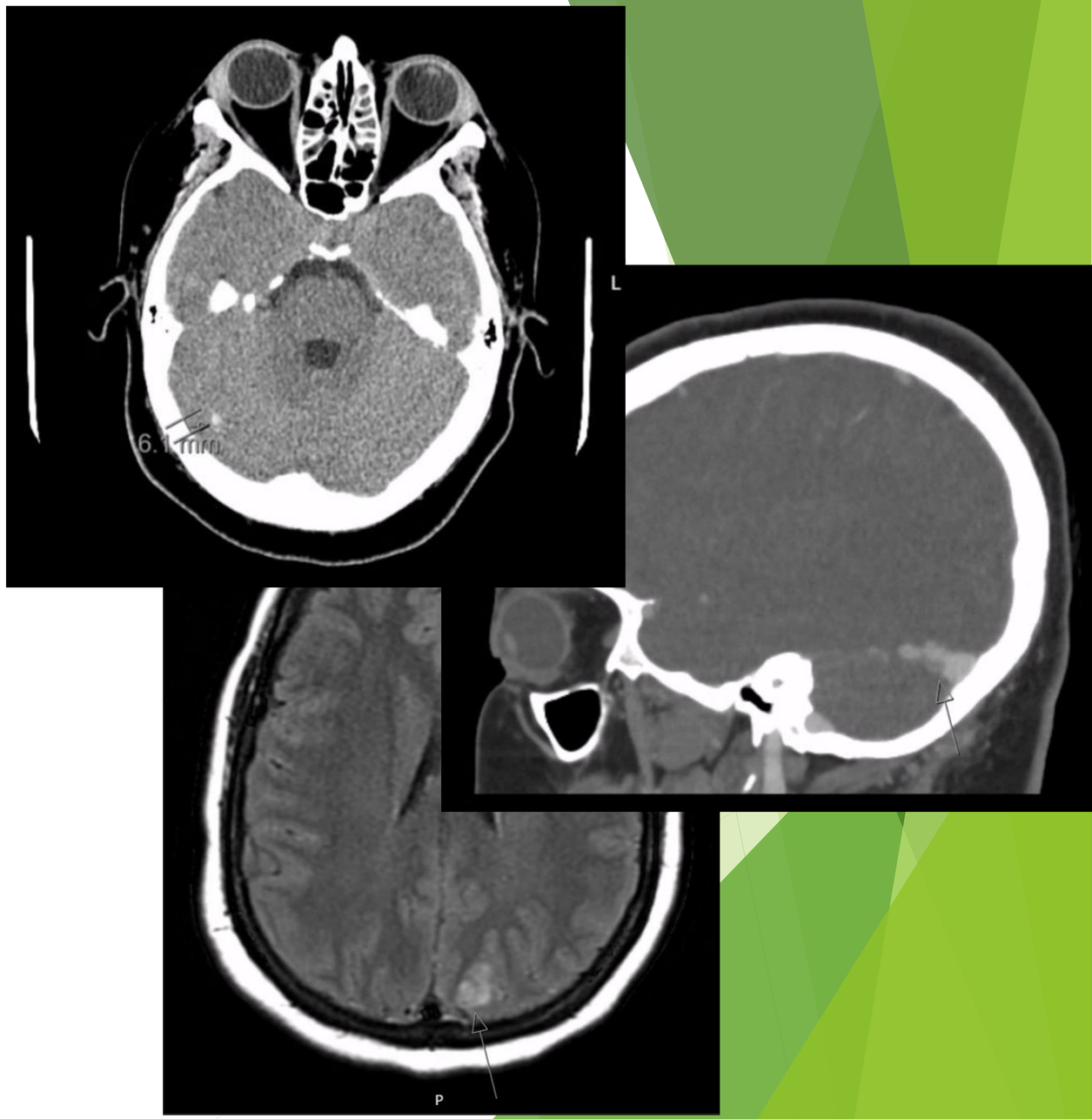
CVST ~0.004%

Background

- Postpartum headache is common but includes both benign and life-threatening etiologies
- Post-dural puncture headache (PDPH) is frequently considered after neuraxial analgesia
- Patients with obesity, hypertensive disorders, or intracranial pathology increase diagnostic complexity
- Premature attribution to PDPH may delay recognition of serious conditions such as:
  - Preeclampsia
  - Cerebral venous sinus thrombosis (CVST)
  - Posterior reversible encephalopathy syndrome (PRES)
  - Intracranial hemorrhage

Case

- Patient / Peripartum Course
  - 24-year-old G3P2 at 37+4 weeks; Class III obesity, preeclampsia
  - Reported history of Idiopathic intracranial hypertension
  - Labor epidural placed
  - Postpartum day 0: severe headache, initially positional
- Clinical Evolution
  - Minimal response to conservative therapy
  - Headache became non-positional
  - Concern for preeclampsia
- Key Decision Point: Atypical features → PDPH felt unlikely; Epidural blood patch deferred
- Imaging revealed (PPD 0 – 2)
- PPD2: generalized seizure → anticoagulation + anticonvulsants
- Discharged PPD10 after improvement w/outpatient f/u



Teaching Points

- Consider horses first – but do **NOT** forget the zebras
- **Evolution of symptoms** is a key red flag
- Critical diagnoses include:
  - Cerebral venous sinus thrombosis
  - Posterior reversible encephalopathy syndrome
  - Intracranial hemorrhage
- **Avoid anchoring bias** — reassessment and multidisciplinary input are essential