

Case	(053) Acute subdural hematoma: infrequent complication after epidural anesthesia.
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CASE PRESENTATION

A 30-year-old woman operated on for umbilical hernia, 48 hours before, under epidural anesthesia. In the evaluation preanesthetic, did not complain or had any anamnesis, physical examination and normal laboratory tests, including the coagulogram and the platelet count. It was classified as physical condition ASA I. The patient after 48 hours after surgery went to the emergency department for sudden onset headache, of high intensity, which affected mainly the frontal region, accompanied by nausea. I had no previous history of headache.

A cranial CT scan was performed (figure A) a small 4 mm subdural hematoma in the left frontoparietal region, without deviation from the midline or mass effect.

The patient was admitted to observation with conservative treatment such as bed rest, water replacement and the use of drugs that contain caffeine. Repeating the TAC on the 5th day (figure B), observing the complete resolution.

DISCUSSION

Acute intracranial subdural hematoma is a rare complication after spinal anesthesia, epidural anesthesia when there is an accidental perforation of the dura mater. Its importance lies in the fact that it is a potentially lethal complication.

Headache in the vast majority of cases, arises between the first 24 and 48 hours after of the puncture, and it is located in the frontal, occipital, or in both, although it can also involve the neck and shoulder region. It is often self-limited and remit spontaneously after conservative treatment.

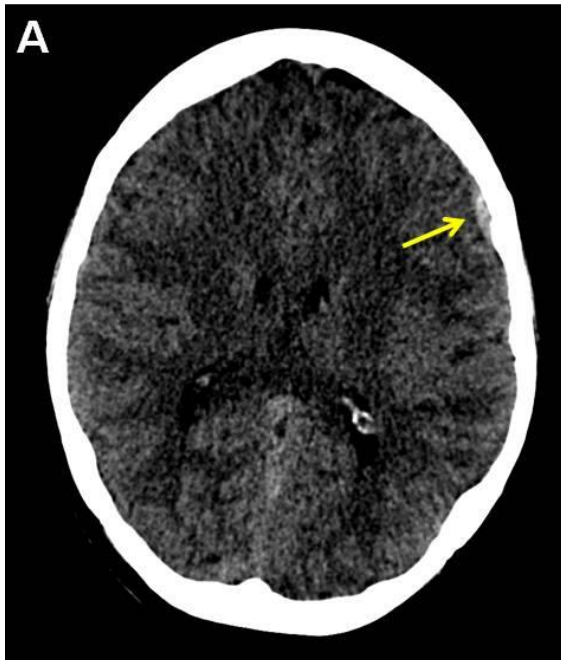
Although it is not universally accepted, most the researchers agree with the "theory of cerebrospinal fluid loss" as the explanation for post-dural puncture headache. When the headache is persistent and loses its characteristic posturo-dependent, we must think of a complication, as the appearance of a subdural hematoma.

CONCLUSION

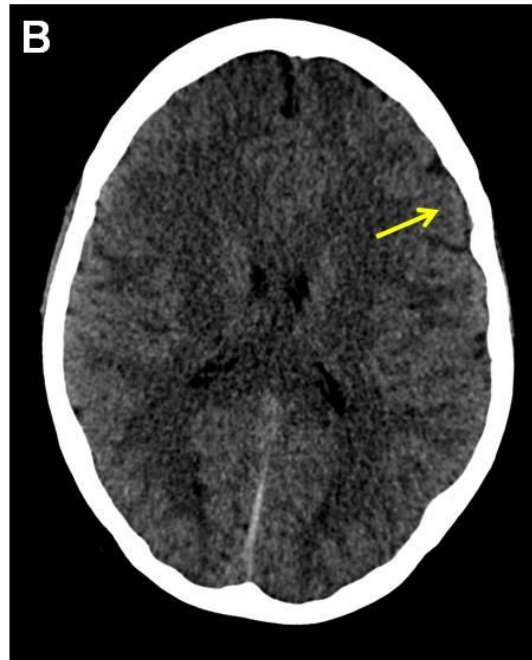
Intracranial subdural hematoma is a rare complication after spinal anesthesia. The diagnosis is often difficult, because the initial symptoms are the same as post-puncture headache of the dura mater.

The objective of this study is to report the case of a subdural hematoma diagnosed quickly, and after spinal anesthesia performed with a fine gauge needle and single puncture.

48 HOURS POST-QX



CONTROL OF THE HEMATOMA TO
THE 5 DAY WITH RESOLUTION



BIBLIOGRAPHY

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