RARE COMPLICATIONS ALSO HAPPEN: EPIDURAL HEMATOMA AFTER SPINAL ANESTHESIA

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BACKGROUND AND AIMS

Epidural hematoma (EH) is a rare and potentially catastrophic complication of spinal or epidural anesthesia (incidence is less than 1:150,000 and less than 1:220,000, respectively)\(^1\). The vast majority of reported cases have occurred in patients with abnormal coagulation, either secondary to disease, or under pharmacological therapies\(^2\).

We reported a case of an EH in a pregnant woman after a single-dose spinal anaesthesia (SA).

CASE REPORT

Pregnant, 37 years old, 70 kg, 165 cm, underwent a SA for urgent cesarean section.
ASA 1. She had already been submitted to 2 SA for cesarean sections, both with no complications.
The preoperative study was normal and she takes no medication.

- Experienced anaesthesiologist
- 27 gauge Quincke needle
- L3-4 interspace
- Medial approach
- Left lateral decubitus position
- Injected 8 ml of 0.5% hyperbaric bupivacaine and 2 µg of sufentanil.

Puncture was successfully at first attempt showing clear cerebrospinal fluid.

Evaluation by neurosurgery and anaesthesiology

- Conservative treatment - analgesia, oral steroids (methylprednisolone) and pregabalin.

Severe lumbar pain and in the right buttock that radiated to the external right thigh (VAS 10/10)
+ decreased muscle strength (grade 3) + walking limitation + paresthesias.

Sub-acute Epidural Hematoma at level L3 to S2-3, without compression of the spinal cord.

The pain decreased (VAS 3/10)
+ the muscular strength increased + no paresthesias + walking limitation.

Complete remission of the symptoms

CONCLUSIONS

The patient didn’t had any apparent risk factors, like hemorrhagic puncture, coagulation disorders and inhibitors of haemostasis medication\(^3\), but an EH developed nevertheless. The option for a conservative treatment seems to have been an appropriate and wise choice.

References: