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CLINICAL INFORMATION

Life-threatening acute subdural haematoma after combined spinal–epidural anaesthesia in labour

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KEYWORDS

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Abstract

Background and objectives: Only few reports in literature have pointed out to the possibility of a cranial subdural haematoma formation associated with dural puncture during spinal or epidural analgesia. We herein describe such a rare case who was diagnosed to have acute subdural haematoma after combined spinal–epidural anaesthesia used in labour.

Case report: A 34-year-old, primigravid women with a gestation of 38 weeks underwent caesarean section under combined spinal–epidural anaesthesia and gave birth to a healthy boy. Thirty-two hours after delivery, her moderate headache progressed to a severe headache associated with nausea and vomiting and later was more complicated with a generalized tonic–clonic seizure and ensuing lethargy. Computed tomography of the brain demonstrated a right-sided fronto-temporo-parietal acute subdural haematoma with diffuse cerebral oedema. She underwent urgent FTP craniotomy and evacuation of the haematoma. Early postoperative cranial computed tomography showed a clean operative site. Eight days after subdural haematoma surgery, she became lethargic again, and this time cranial computed tomography disclosed an extradural haematoma under the bone flap for which she had to undergo surgery again. Two days later, she was discharged home with Karnofsky performance score of 90/100. At follow-up exam, she was neurologically intact and her cranial computed tomography and magnetic resonance were normal.

Conclusions: As conclusion, with the use of this combined spinal–epidural anaesthesia, it should be kept in mind that headache does not always mean low pressure headache associated with spinal anaesthesia and that a catastrophic complication of subdural haematoma may also occur.
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PALAVRAS-CHAVE

Anestesia combinada
raqui-peridural;
Parto;
Hematoma subdural

Hematoma subdural agudo potencialmente fatal após anestesia combinada raqui-peridural em parto

Resumo

Justificativa e objetivos: Apenas alguns relatos na literatura mencionaram a possibilidade de formação de hematoma subdural craniano associada à punção durante a raquianestesia ou anestesia epidural. O presente relato descreve um caso tão raro que foi diagnosticado como hematoma subdural agudo após anestesia combinada raqui-peridural usada em parto.

Relato de caso: Paciente primípara, 34 anos, com 38 semanas de gestação, submetida à cesariana sob anestesia combinada raqui-peridural, deu à luz um menino saudável. Após 32 horas do parto, a dor de cabeça moderada da paciente progrediu para dor de cabeça intensa associada a náusea e vômito e se complicou subsequentemente com crise convulsiva generalizada tônico-clônica e consequente letargia. Tomografia computadorizada do cérebro revelou hematoma subdural agudo do lado direito em região frontotemporoparietal (FTP) com edema cerebral difuso. A paciente foi submetida à craniotomia FTP de urgência e evacuação do hematoma. Tomografia computadorizada do crânio no pós-operatório precoce mostrou um sítio operatório limpo. Oito dias após a cirurgia do hematoma subdural, a paciente voltou a ficar letárgica e, dessa vez, a tomografia computadorizada revelou um hematoma extradural sob o retalho ósseo que exigiu outra cirurgia. Dois dias depois, a paciente recebeu alta hospitalar com classificação de desempenho Karnofsky de 90/100. Ao exame de acompanhamento, a paciente apresentou-se neurologicamente intacta e sua tomografia computadorizada e ressonância magnética estavam normais.

Conclusão: Ao usar a anestesia combinada raqui-peridural deve-se ter em mente que dor de cabeça nem sempre significa dor de cabeça hipotensiva associada à raquianestesia e que uma complicação catastrófica de hematoma subdural também pode ocorrer.

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Introduction

Today, many anaesthesiologists prefer combined spinal-epidural (CSE) anaesthesia to avoid from the pain of labour. However, this technique bears some unique risks such as itching, nausea, vomiting, maternal hypotension, headache, convulsion, meningitis, toxicity, and even cardiac arrest. Additionally, few but recent reports have pointed out to the possibility of cranial subdural haematoma associated with dural puncture during the spinal and/or epidural anaesthesia in labour.¹⁻³ Our case study also described a rare case who underwent urgent surgery for acute subdural haematoma occurring 32 h after CSE anaesthesia used in labour.

Case history

A 34-year-old, primigravid woman with a gestation of 38 weeks underwent caesarean section for cephalopelvic disproportion and foetal distress. Preoperative laboratory investigation was normal except relative thrombocytopenia (90,000/mm³) at total blood count. Surgery took place under the CSE anaesthesia, and she gave birth to a healthy boy. To perform the CSE anaesthesia, 18 G Tuohy and 27 G spinal needle were insert through the L4-5 interspinous space and then 10 mg bupivacaine and 25 µg fentanyl was infused intrathecally. Early postoperative period was uneventful except for minimal vaginal staining. Next day, thirty-two hours after her surgery, she experienced a progressive headache around the neck. When she attempted to mobilize out of bed, she

vomited and suffered a generalized tonic-clonic seizure and fell back on her bed. After the seizure, she became lethargic with no eye or verbal response to painful stimuli (Glasgow Coma Score (GCS) E1M5V1-Total 7/15) and the right pupil was found to be dilated while her breathing was ataxic; and her cardiac rhythm is bradycardic (45 min⁻¹). There was no history of a previous trauma or a drop attack. An emergent brain computed tomography (CT) demonstrated a right-sided fronto-temporo-parietal (FTP) acute subdural haematoma with diffuse oedema of the surrounding brain (Fig. 1). She underwent urgent FTP craniotomy; and acute haematoma was evacuated (Fig. 2). Postoperatively, the patient was sedated and mechanically ventilated for 48 h at intensive care unit (ICU). At ICU, because the postoperative control blood count result showed severe thrombocytopenia (50,000/mm³), repeated doses of the standard platelet were transfused to the patient to ameliorate her thrombocytopenia. After extubation, early GCS was 10/15 (E3M5V2). Cranial CT scan documented a clean operative site; and blood count results, blood chemistry parameters and coagulation cascade factors (i.e. active thromboplastin time and prothrombin time) of the patient were found in normal ranges postoperatively. Five days after surgery she reached a GCS of full 15 and was taken to ward. Eight days after subdural haematoma surgery, she became lethargic again with a GCS of 14/15 (E3M6V5) and cranial CT disclosed an extradural haematoma under the bone flap for which she had to undergo surgery again. Two days later, she was discharged home with Karnofsky performance score of 90/100. A follow-up exam 5 months after discharge revealed a

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