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Case Report

Dural diverticulum with a symptomatic cerebrospinal fluid leak

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ABSTRACT

A case report of a 63-year-old female patient with a cervical spinal dural diverticulum and intracranial hypotension secondary to a symptomatic CSF leak after minor trauma. The patient responded well after the cervical approach epidural blood patch procedure.

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Introduction

Spontaneous intracranial hypotension may have an insidious onset, even after minor trauma or interventions, leading to a delay in diagnosis. Imaging findings may be nonspecific, and given insidious onset and nonspecific history the diagnosis of intracranial hypotension may be misdiagnosed or, in the event of a subtle case, may be missed [1].

Case report

A 63-year-old woman presented with low-grade headaches during the summer of 2014 after involvement in a minor motor vehicle collision. The patient was involved in another low-level motor vehicle collision shortly after, which resulted in a hyperextension and/or hyperflexion (whiplash) injury.

No conflicts of interest.

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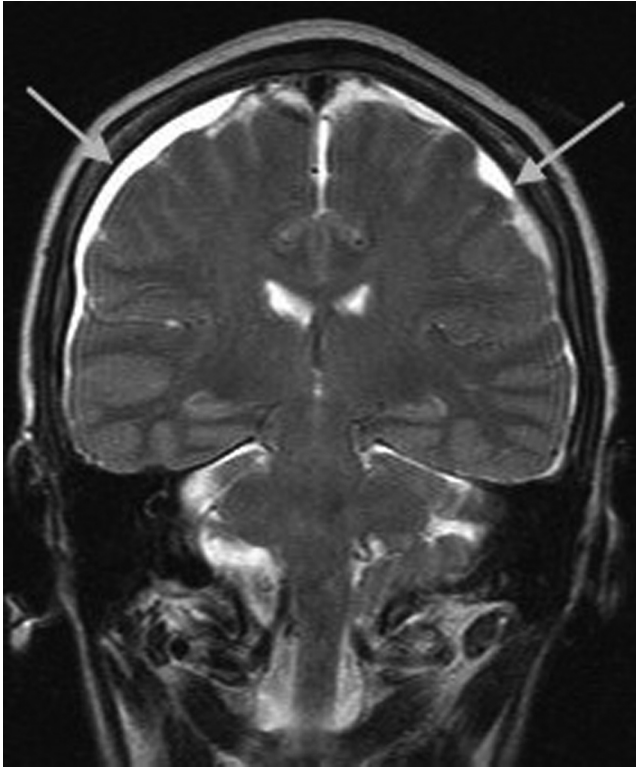


Fig. 1 – T2 hyperintense subdural fluid collections involve both cerebral convexities (arrows).

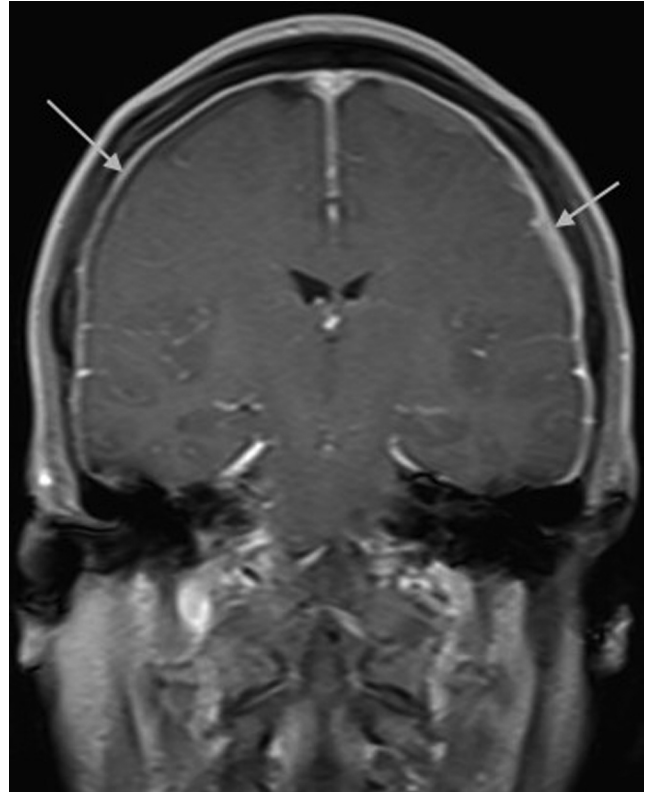


Fig. 3 – Diffuse pachymeningeal enhancement on the coronal T1 postcontrast images (arrows).



Fig. 2 – Unenhanced CT image of the brain shows hypodense subdural fluid collections involving both frontal convexities (arrows).

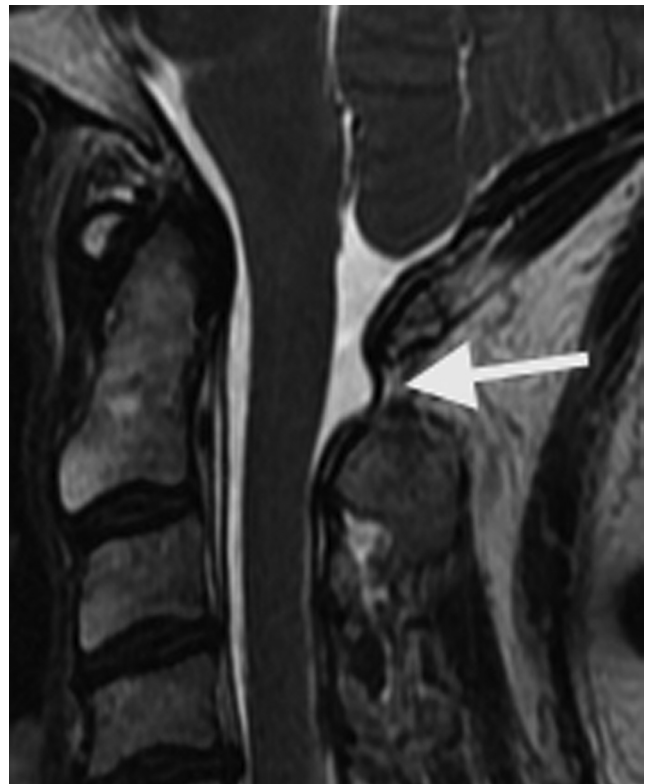


Fig. 4 – Sagittal T2 MR image of the cervical spine shows the dural diverticulum between the posterior elements of C1 and C2 (arrow).

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