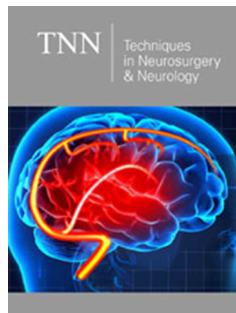


Acute Subdural Hematoma Post Spinal Anesthesia in a Parturient

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Abstract

Introduction: Intracranial Subdural Hematoma (SDH) is a rare complication after spinal anesthesia, diagnosis is most often difficult. Objective of the work to report the case of a SDH post spinal anesthesia for cesarean section.

Observation: 29-year-old patient without medical ATCDS, already operated on by caesarean section under spinal anesthesia without incident, the preoperative biological assessment was without anomalies, the spinal anesthesia was performed in a half-sitting position in a single attempt, the intraoperative period was uneventful incidents. On postoperative day 1, onset of headaches on emergence, treated with peralgan then caffeinated paracetamol per os and rehydration, she left the clinic with 8-day thromboprophylaxis. At the 10th reappearance of the headaches, the patient sees her gynecologist again who prescribes aspegic 100mg. The headaches become resistant to treatment and appearance of visual blurring of the right eye, seen by an ophthalmologist whose examination was normal. He completes the exploration with a cerebral CT scan which reveals a 14mm right hemispherical subdural hematoma with commitment under falcoriel. The hematoma was drained by two burr holes under sedation with placement of a drain The postoperative follow-up was favorable with a cerebral CT scan after removal of the drain showing the absence of a residual collection. A CT angiography eliminated an arteriovenous malformation and a dosage of coagulation factors returned without abnormalities.

Discussion: Intracranial SDH is a rare complication after spinal anesthesia, its ignorance can lead to serious or even fatal sequelae. Its physiopathology is explained by a persistence of the hard merian breach leading to intracranial hypotension causing a displacement of the neuraxis, from various causes. The reported case clearly illustrates that the first manifestations are identical to post-dural puncture headaches.

Conclusion: Severe and progressive headache after spinal anesthesia should be considered as an alert for an intracranial complication: post-spinal anesthesia subdural hematoma is a rare but important complication to be aware of by all practitioners in view of its severity.

Introduction

Intracranial subdural hematoma is a rare complication in spinal anesthesia diagnosis may be difficult initially due to the similitary of symptoms to post dural puncture headaches but neglecting them can lead to serious complications [1].

Observation

We report the case of a 29-year-old patient with no medical history already operated for a cesarean section under spinal anesthesia without incident, I and classified ASA I, the spinal anesthesia was performed in a semi-seated position in a single attempt without incident. A day after postoperative headache on emergence, treated symptomatically peros, the discharge at home is done with a thromboprophylaxis of 8 days. At the 10th reappearance of the headaches, the patient sees her doctor again who prescribes aspirin 100mg which worsened the symptoms: headaches resistant to treatment and appearance of visual blurring in the

right eye, seen by an ophthalmologist who's the examination was normal; it completes the exploration by a cerebral CT scan revealing a 14mm right hemispherical subdural hematoma with falx involvement. The postoperative outcome was favorable with a

control brain CT after removal of the drain showing the absence of a residual collection. A CT angio ruled out an arteriovenous malformation and a coagulation factor assay returned without abnormalities (Figures 1-3); [2-4].

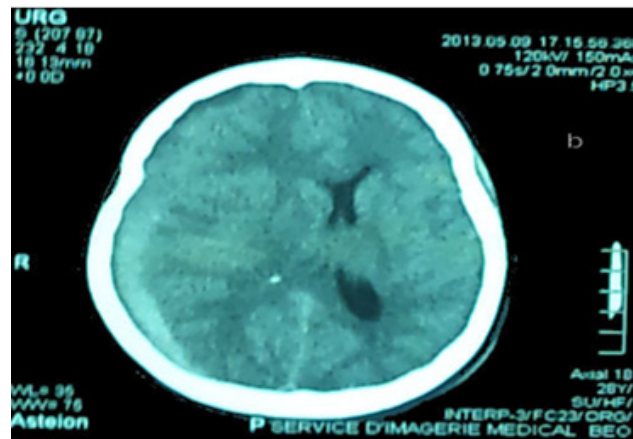


Figure 1: The hematoma was drained by two trephine holes under sedation with placement of a drain.

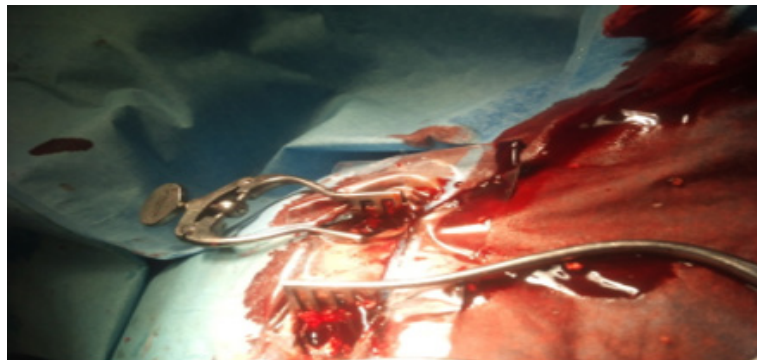


Figure 2:

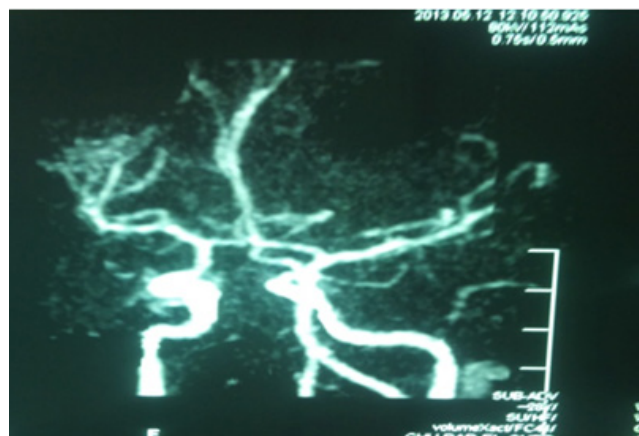


Figure 3:

Discussion

Intracranial HSD is a rare complication after spinal anesthesia, its ignorance can lead to serious or even fatal sequelae. Its pathophysiology is explained by a persistence of the hard merian breach causing intracranial hypotension at the origin of

a displacement of the neuraxis, depending on the gravity which exerts pressure on the bridging veins causing hemorrhage in the subdural space. These veins have a thinner wall in the subdural space than in the subarachnoid space.

The main causes:

- a) excessive loss of CSF from multiple puncture attempts, the use of large gauge or sharp-edged needles
- b) the existence of a background of dehydration or of a pre-existing neurological disease such as cerebral aneurysms or arteriovenous malformations
- c) the use in the pre- or post-operative periods of anticoagulant drugs.
- d) cortical atrophy or pregnancy.

The reported case illustrates that the first manifestations are identical to those of the post dural puncture headaches, namely the worsening in an orthostatic position and improving in strict decubitus which complicated the diagnosis initially, thereafter there was loss of postural character but dominated by ophthalmological signs [5].

Conclusion

The severe and progressive headache after spinal anesthesia should be considered as an alert for an intracranial complication: the subdural hematoma post spinal anesthesia is a rare complication

but important to know by all practitioners given its severity. There is a definite interest in monitoring all patients with headaches after spinal anesthesia in order to facilitate early diagnosis, reduce morbidity and mortality and really know the incidence of this complication [6].

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