



Transnasal sphenopalatine ganglion block for postdural puncture headache treatment after spinal anesthesia – case report

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Abstract:

Postdural puncture headache (PDPH) is a major complication of neuraxial anesthesia that can occur following spinal anesthesia and with inadvertent dural puncture during epidural anesthesia. Risk factors include female sex, young age, pregnancy, vaginal delivery, low body mass index, and being a non-smoker. Needle size, design and the technique used also affect the risk. A diagnostic hallmark of PDPH is a postural headache that worsens with sitting or standing and improves with lying down. Conservative therapies such as bed rest, hydration and caffeine are commonly used as prophylaxis and treatment for this condition. We are presenting a case report of PDPH after pilonidal cystectomy. The patient was a 23 years old male, non-smoker who had spinal puncture with B. Braun Spinocan 25 G Quincke type needle on the L3-4 level. Five minutes later after injecting of 3.5 ml Marcaine (“Astra Zeneca”) there was an acceptable depth of spinal anesthesia where surgery and anesthesia was done without complication. On second day patient was ambulated at home, no headaches. On third day after surgery patient felt severe postural headache. Hydration and caffeine was not helpful. We decided to relieve this pain condition by the sphenopalatine ganglion block with 2% lidocaine application through the transnasal cotton ended catheter. Pain was relieved immediately.

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