TREATMENT OF SPONTANEOUS INTRACRANIAL HYPOTENSION WITH EPIDURAL BLOOD PATCH

Oglio JP* MD, Serra J**MD, FIPP

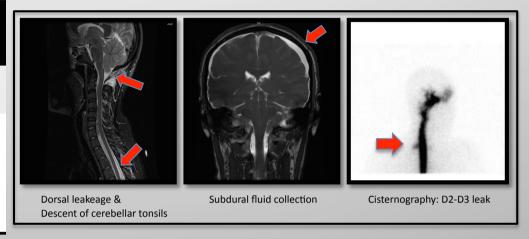
Department of anesthesiology and Pain Medicine – Hospital Universitario Quiron-Dexeus (Barcelona, Spain)*

Department of anesthesiology and Pain Medicine – Hospital Universitario Mutua de Terrassa (Barcelona, Spain)**

Introduction:

Spontaneous intracranial hypotension (SIH) is a rare disease. It's characterized by an orthostatic headache without a previous episode of trauma or dural puncture, usually caused by a spontaneous fluid leakeage.

Essential symptoms	Orthostatic headache that worsen within 15 minutes Posture related associated symptoms: neck pain, nausea, diplopia, visual blurring, upper limb numbness or pain.
Major criteria	Diffuse dural enhancement on gadolinium-enhanced MRI CSF leakege on spinal MRI or CT myelography CSF opening pressure less than 60 mmHg
Minor criteria	Spinal meningeal diverticula or fluid collections on spinal MRI Venous engorgement on cranial and/or spinal MRIs Early accumulation of tracer in the bladder or less activity over the cerebral convexities on RI cisternography Subdural fluid collections on cranial MRI Descent of cerebellar tonsils and flattening of brainstem on cranial MRI Enlargement of pituitary gland on cranial MRI Decrease in size of ventricles and effacement of basal cisterns



Methods:

Symptoms duration	Level of leak	Num of EBP	Results after EBP
6 months	D2-D3	2 EBP (=)	Improvement in 48hs
1 year	D2-D3 & C2-C3	2 EBP (≠)	Improvement in 7 days
2 months	C6-C7	1 EPB (=)	Improvement in <24hs

Treatment of the SIH

1.- Conservative

2.- Epidural blood patch

3.- Saline epidural infusion

4.- surgical correction



EPIDURAL BLOOD PATCH

Injection of autologous blood into the epidural space (10-20 ml)

Immediate relief results from a transient increase in CSF pressure, whereas lasting relief is provided by sealing of meningeal tears.

The procedure is most effective if it is performed at or within one interspace of the leak. If the level of the leak is unknown, however, the blood can be injected into the lumbar epidural space

Conclusions:

Performing a unique o double EBP after conservative measures failure can be an effective treatment in patients with SIH. Considering the inmediate fluid-replenishment effect, lumbar EBP could be a good option to treat cervical and thoracic leakeges.