"I feel like a vessel burst in my head!": A case of pneumocephalus and pneumorrhachis from accidental dural puncture

URC HEALTH.



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Patient Presentation

- During labor epidural placement, saline with air bubble used for LOR
- Sudden onset, severe, left-sided and frontal thunderclap headache
- No evidence of ADP
- Procedure aborted, patient flattened
- She remained neurologically intact
- After brief observation, epidural placed using saline for LOR
 - Concern for elevated ICP: Bupivacaine 0.25% (10ml) slowly loaded
 - Patient endorsed, 'felt like a vessel burst in my head'
 - STAT CTA head and neck: moderate intraventricular and subarachnoid pneumocephalus with mild dilation of lateral ventricles (image 1) and intradural/epidural pneumorrhachis of cervical/thoracic spinal canal (image 2, 3), respectively



Image 1: Moderate intraventricular and subarachnoid pneumocephalus with mild dilation of lateral ventricles





What is Pneumocephalus and Pneumorrhachis?¹

- Presence of intra -cranial and –spinal gas
- Rare complication of neuraxial anesthesia
- Cause: accidental injection of air intrathecally from LOR technique
- Common Presentation: sudden onset explosive HA during epidural placement in sitting position, particularly with known accidental dural puncture
- Other symptoms: non-positional HA, N/V, seizures, dizziness, cranial n. palsy, hemiparesis, encephalopathy



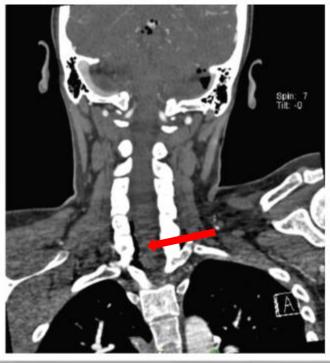


Image 2, 3: Intradural and epidural pneumorrhachis of cervical and thoracic spinal canal

Management and How to Prevent?¹

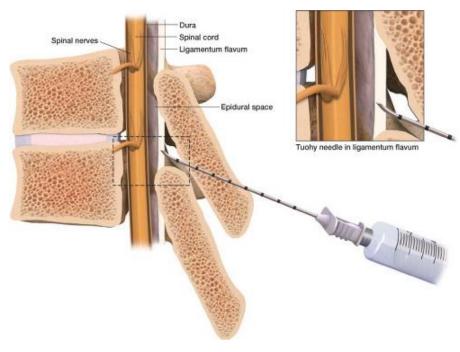


Treatment

- Trendelenburg position
- o High flow 02
- Supportive care (frequent neuro checks, pain control)
- Monitor for PDPH

Prevention

- Use saline instead of air during LOR
- Avoid ADP



https://aneskey.com/epidural-catheter-analgesia/



