

Transnasal sphenopalatine ganglion block for postdural puncture headache refractory to conservative management in an obstetric patient complicated with cerebral venous thrombosis and subdural hemorrhage

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ABSTRACT

Introduction: Postdural puncture headache (PDPH) following accidental dural puncture is a common anesthetic complication following neuraxial block in the obstetric population. However, major neurological complications following PDPH are uncommon, and its management is yet to be established. **Case Description:** A patient experienced symptoms of PDPH (last more than 13 days) which led to further investigations revealing sagittal sinus thrombosis and extra-axial hemorrhage. Due to concern about clot expansion and worsening of cerebral venous thrombosis, SPG was offered as an alternative to autologous epidural blood patch (AEBP). Our patient showed complete resolution of PDPH and thus evaded the need for AEBP. **Discussion:** Cerebral vein thrombosis (CVT) is a rare but potentially life-threatening complication following an inadvertent dura puncture. Clinicians should consider alternative diagnoses when prolonged headaches persist despite PDPH treatment. Brain imaging should be considered in patients with refractory PDPH. While transnasal SPG block is a viable option for PDPH treatment after failure of conservative management, well conducted clinical trial is needed to study its efficacy as compared to AEBP.