

SPONTANEOUS INTRACRANIAL HYPOTENSION TREATED BY EPIDURAL BLOOD PATCH

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Introduction: Spontaneous intracranial hypotension is caused by single or multiple spinal CSF leaks, and is characterized by the clinical manifestation of orthostatic headache. Diagnostic criteria are well established by the International Headache Society for spontaneous intracranial hypotension (SIH).

Case report: A 47 year old male, with unremarkable medical history, presented with postural headache and cervical ache for the previous 20 days. The headache was fronto-parietal, bilateral, throbbing in nature. Brain MRI revealed enhancement of the pachymeninges. Magnetic resonance (MR) scan of the whole spine was done with high spatial resolution for detecting the CSF leakage site. It revealed intraspinal epidural fluid accumulation in the spinal canal in the thoracic spine T3-T10. Although no specific CSF leak site was identified by the MRI and following cisternography, it was decided to proceed with the application of an epidural blood patch with 20 mL of autologous blood.

Conclusions: The strategy was to apply the epidural blood patch to the thoracic space initially and maneuver the blood higher and as near as possible onto the proposed leak site; The patients symptoms almost resolved in 24 hours. To our knowledge, information about the success rate of conservative treatment is still lacking. We present detailed imaging follow up for the next year, showing relatively new imaging findings as the venous hinge angle.