

## **SEVERE HYPOTENSION SYNDROME OF CEREBROSPINAL FLUID SECONDARY TO SPONTANEOUS SPINAL FISTULA: CASE REPORT**

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**BACKGROUND:** The Cerebrospinal fluid hypotension syndrome (CFHS) is the result of reduction of the cerebrospinal fluid pressure (CFP), secondary to its loss, generally by spinal dural fistula. The 10% presented severe complications such as subdural hematoma, requiring urgent surgical attention.

**METHODS:** The clinical file from a patient with CFHS was analyzed, including its respective lab and image studies.

**RESULTS:** Male, 39 years old, presented one month-old intense holocraneatic orthostatic headache. A magnetic resonance image (MRI) of the head and spine, showed no significant findings. Three weeks after, continues with headaches, and a new MRI documented a left frontal-temporal-parietal subdural hematoma, deviation of the medium line, uncal herniation and pseudo-Chiari, managed through a frontal and left parietal craniectomy and drain. After 48 hours post-surgery, it presented fluctuant mixed dysphasia, a head MR with post-surgery changes and Fisher I left front-parietal subarachnoid bleeding, a transcranial doppler was done, showing a severe vasospasm of the Middle Left Cerebral Artery (MLCA), with maximum systolic speed (MSS) of 199 cm/s; initiated treatment with nimodipine reducing the MLCA MSS up to normal values within 48 hours and with dysphasia improvement. Ten days after surgery, a myelotomography with CFP fistula to C1-C2 level, a blood patch was added. Patient discharged asymptomatic.

**CONCLUSION:** The CFHS is under-diagnosed and generally assumed as a benign entity. The present case demonstrates that this entity can have several complications. Spontaneous fistulas of spinal are more frequent in thoracic region, in the present study, the fistula was located at cervical level.