SIXTH NERVE PALSY FOLLOWING EPIDURAL ANESTHESIA FOR C-SECTION

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Purpose: To describe a rare case of a young woman who presented with severe headache and diplopia a few days after a C-section. Methods: Case report and a review of the literature Results: We describe a case of a 39 years old woman, with a history of pre-eclampsia and HELLP syndrome during her previous pregnancy. She presented with severe headache followed by horizontal diplopia a few days after giving birth with epidural anesthesia. On exam she was diagnosed with bilateral sixth nerve palsy. Due to her past history the differential diagnosis included a cerebrovascular accident as well as a demyelinating disease and thus she underwent an extensive workup including full coagulation profile and an MRI scan of the brain that revealed diffuse pachymeningeal enhancement. The MRI findings were highly suggestive of intracranial hypotension leading to the diagnosis of dural puncture and CSF leakage. Intracranial hypotension causes the descent of the brain and stretching the sixth nerve along its long course resulting in palsy and diplopia. During a 6 months follow up, her symptoms resolved completely. Conclusions: We describe an uncommon case of sixth nerve palsy following epidural anesthesia. The combination of epidural anesthesia, postural headache and acute esotropia should alert to the possibility of the uncommon but benign diagnosis of dural puncture and prevent unnecessary workup. The authors have no financial disclosure or financial interests in the subject.