



SUBDURAL HEMATOMA POST-SPINAL ANESTHESIA IN AN OBSTETRIC PATIENT: A CASE REPORT

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INTRODUCTION

Intracranial subdural hematoma is among the rarest yet most severe complications of spinal anesthesia. Theories suggest that a reduction in cerebrospinal fluid pressure may lead to traction of bridging veins, rendering them more susceptible to rupture and subsequent bleeding into the subdural space. Despite widely adopted preventive measures to minimize cerebrospinal fluid loss, certain patient populations are at higher risk of developing this complication, such as obstetric patients.

OBJECTIVE

To describe the progression of a patient that evolved with subdural hematoma after spinal anesthesia.

CONCLUSION

Subdural hematoma after spinal anesthesia is a rare complication that requires a high degree of clinical suspicion. This case highlights the importance of careful monitoring of patients with persistent post-spinal headaches, contributing to the growing understanding of this complication.

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CASE REPORT AND DISCUSSION

A 34-year-old female patient from Teresina was submitted to elective cesarean delivery under spinal anesthesia. After the surgery, the patient was diagnosed with post-dural puncture headache and was hospitalized for 2 days. Following discharge, the patient reported experiencing an acute, severe headache which persisted for 13 days. Several days afterward, the patient reported an episode of seizure with a decerebrate posturing pattern, preceded by aphasia. The diagnosis of bilateral subdural hematoma was confirmed by cranial CT scan, and she underwent surgical drainage of the hematoma, without complications. No motor deficits were observed in the patient after procedure. A month later, the patient underwent a Magnetic Resonance Imaging (MRI) and an Electroencephalogram (EEG), which revealed no significant finding. Currently, the patient is taking Lamotrigine 25 mg daily.

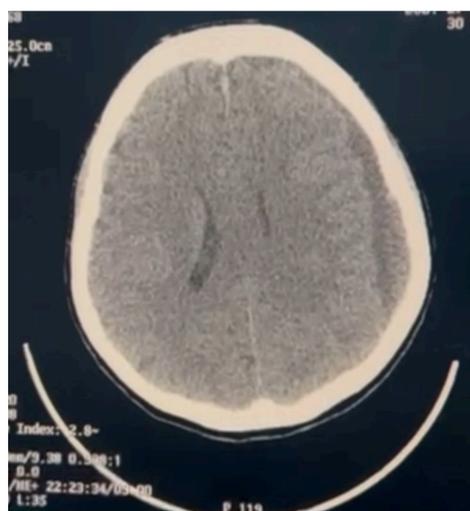


Figure 1: Cranial CT scan. Medimagem, 2025

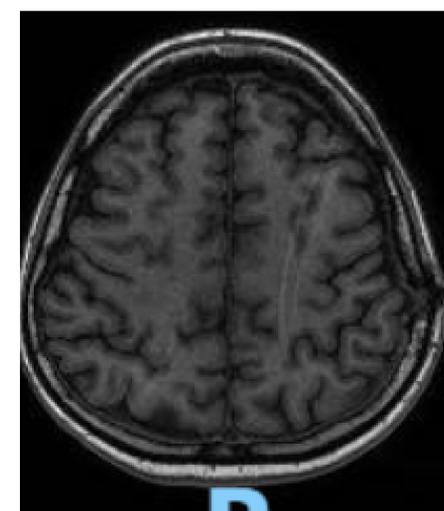


Figure 2: MRI scan. Medimagem, 2025