DOI:

DA LI JE POST-SPINALNA GLAVOBOLJA UVEK POST-SPINALNA GLAVOBOLJA ILI NEŠTO

IS A POST-SPINAL HEADACHE ALWAYS A POST-SPINAL HEADACHE OR SOMETHING ELSE? CASE REPORT

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SAŽETAK

Komplikacije regionalne anestezije (RA),izazov i problema anesteziologa. Post duralna punkciona/postspinalna glavobolja smatra se najčešćom, gotovo očekivanom. Pulsirajuća glavobolja nakon RA inicijalno okcipitalno uz bol u ramenima i vratu sa difuznim karakterom koju prati mučnina,nagon na povraćanje inicijalno se definiše kao postduralna punkciona/postspinalna glavobolja.Da li je uvek tako?

Trudnica starosti 25 godina primljena je na Odeljenje ginekologije sa akušerstvom radi operativnog završetka trudnoće carskim rezom.Prethodno obavljena priprema – laboratorijska obrada, pregled interniste i anesteziologa.Bez ispada u ličnoj anamnezi,prva uredno kontrolisana trudnoća.Negira ranije operativno lečenje, negira hronična oboljenja i bolesti od značaja,nepušač.Carski rez indikovan zbog disproporcija karličnih mera i karlične prezentacije ploda.Urađen planiran carski rez u uslovima regionalne (spinalne) anestezije.Intraoperativni i postoperativni tok protekao uredno, pacijentkinja otpuštena kući nakon 5 dana bez subjektivnih tegoba urednog opšteg statusa.

10-tog dana od porođaja ponovni prijem u bolnicu sada na odeljenje hirurgije zbog upornog povraćanja , nelagodnosti u trbuhu i izrazite glavobolje koja ne menja karakter promenom položaja tela niti se smiruje nakon povraćanja. Potencira glavobolju čeone lokalizacije bez propagacije ali sa smetnjama u vidnom polju.Tegobe traju unazad 5 dana krenule su naglo prvo razvojem mučnine i nagona na povraćanje,smetnjama u vidu i bolovima u stomaku potom i razvojem glavobolje koja lokalizaciju i karaketer ne menja od početka do hospitalizacije.Uz hirurga nakon kliničkog pregleda i isključivanja akutnog hirurškog oboljenja, laboratorijske i ultrazvučne obrade pozvan inicijalno anesteziolog zbog navoda spinalnog bloka unutar 10 dana i potencijalne postspinalne glavobolje,takođe obavljena konsultacija ginekologa i neurologa. U nalazu neurologa bez neuroloških ispada osim ispada u perifernom vidu i nemogućnošći izvođenja neuroloških proba zbog mučnine i nagona na povraćanje.Uključena inicijalna simptomatska terapija rehidratacija, analgetici i antiemetici i konzilijarno odlučeno da se pacijenkinji uradi hitan MSCT endokranijuma.Na MSCT-u od nivoa moždanog stabla sa kranijalnim širenjem ka pinealnoj regiji postkontrasno se uočava nehomogena tumorska lezija , lobularnih perifernih kontura , aksijalnog promera 32 x 30mm koji komprimuje 3 moždanu komoru i dovodi do posledičnog hidrocefalusa.Levo u nivou talamusa postkontrasno se uočava tumorska lezija lobularnih kontura promera 38x44mm, koja ima se utisak ima kontakt sa opisanom lezijom distalno pri čemu obliteriše levu lateralnu komoru.Pacijentkinja hitno upućena na Neurohiruršku kliniku UKC Niš gde je operisana.Postoperativni tok protekao uredno nakon čega je planirano dalje lečenje i oporavak.

Postduralnu punkcionu/postspinalnu glavobolju odlikuje je spektar diferncijalnih dijagnoza, usko povezanih ali različite terapijske strategije: meningitis,encephalitis,tenziona,laktaciona i cluster glavobolja,migrena,cerebralna venska tromboza (CVT),eklampsija,subduralni hematom,subarahnoidalna hemoragija i intrakranijalna masa.Postduralnu punkcionu/postspinalnu glavobolju uvek treba posmatrati kao moguću komplikaciju i razlog posturalne glavobolje, ali ne kao definitivnu dijagnozu posebno kod mlađe populacije- trudnice,gojazni i pacijenati nakon COVID-19. Incidenca tumora mozga opšte populacije je oko 1% sa značajnim podatkom nespecifične kliničke prezentacije,glavobolja na koju se ne obraća pažnja i podatkom da je svaki tumor mozga maligni svojom lokalizacijom bez obzira na patohistološki karakter.Pravovremena,usmerena i ciljana dijagnostika i što ranije uvođenje simptomatske terapije uz definitivno zbrinjavanje postulat su u postduralnoj/postspinalnoj glavobolji.

Ključne reči:regionalna anestezija,spinalni blok,trudnoća,porođaj,postduralna punkciona glavobolja,tumori mozga

ABSTRACT

Complications of regional anesthesia (RA), challenges and problems of anesthesiologists. Post dural puncture/postspinal headache is considered the most common, almost expected. Pulsating headache after RA initially occipital with shoulder and neck pain with diffuse character followed by nausea, urge to vomit is initially defined as postdural puncture/postspinal headache. Is it always like that?

A 25-year-old pregnant woman was admitted to the Department of Gynecology and Obstetrics for the surgical termination of pregnancy by caesarean section. Prior preparation - laboratory work-up, examination by an internist and an anesthesiologist. No abnormalities in personal history, first properly controlled pregnancy. Denies previous operative treatment, denies chronic illnesses and diseases of significance, non-smoker. Cesarean section indicated due to disproportion of pelvic measurements and pelvic presentation of the fetus. Planned caesarean section performed in under the conditions of regional (spinal) anesthesia. The intraoperative and postoperative course went well, the patient was discharged home after 5 days without subjective complaints and in good general condition. On the 10th day after giving birth, she was re-admitted to the hospital, now to the surgery department, due to persistent vomiting, abdominal discomfort and a severe headache that does not change its character with a change in body position, nor does it subside after vomiting. It potentiates a headache of frontal localization without propagation but with disturbances in the field of vision. The complaints last for the past 5 days started suddenly with the development of nausea and the urge to vomit, visual disturbances and pain in the stomach, then with the development of a headache that does not change its location and character from the beginning until hospitalization. With the surgeon, after a clinical examination and the exclusion of acute surgical disease, laboratory and ultrasound work, an anesthesiologist was initially called because of the allegation of a spinal block within 10 days and potential post-spinal headaches, gynecologist and neurologist consultations were also carried out. According to the neurologist's findings, there are no neurological symptoms except for peripheral vision and the impossibility of performing neurological tests due to nausea and the urge to vomit. The initial symptomatic therapy of rehydration, analgesics and antiemetics was included, and it was decided by the council that the patient undergo an urgent MSCT of the endocranium. On the MSCT from the level of the brainstem with cranial spread to the pineal region, a non-homogeneous tumor lesion, with lobular peripheral contours, with an axial diameter of 32 x 30mm, which compresses the 3rd ventricle and may lead to the consequent hydrocephalus. A tumor lesion with lobular contours measuring 38x44mm can be observed on the left side of the thalamus post-contrast, which appears to be in contact with the described lesion distally, obliterating the left lateral ventricle. The patient was urgently referred to the Neurosurgical Clinic of the University Hospital of Niš, where she was operated on. The postoperative course went smoothly, after which further treatment and recovery were planned.

Postdural puncture/postspinal headache is characterized by a spectrum of differential diagnoses, closely related but with different therapeutic strategies: meningitis, encephalitis, tension, lactation and cluster. headache, migraine, cerebral venous thrombosis (CVT), eclampsia, subdural hematoma, subarachnoid hemorrhage and intracranial mass. Postdural puncture/postspinal headache should always be viewed as a possible complication and cause of postural headache, but not as a definitive diagnosis, especially in the younger population-pregnant women, obese and patients after COVID-19. The incidence of brain tumors in the general population is about 1%, with significant evidence of a non-specific clinical presentation, headache that is not paid attention to, and the fact that every brain tumor is malignant by its location, regardless of its pathohistological character. Timely, directed and targeted diagnostics and the earliest possible introduction of symptomatic therapy with definitive treatment are postulates in postdural/postspinal headache.

Key words: regional anesthesia, spinal block, pregnancy, childbirth, postdural puncture headache, brain tumors