



## Transnasal sphenopalatine ganglion block for postdural puncture headache treatment after spinal anesthesia – case report

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### Abstract:

Postdural puncture headache (PDPH) is a major complication of neuraxial anesthesia that can occur following spinal anesthesia and with inadvertent dural puncture during epidural anesthesia. Risk factors include female sex, young age, pregnancy, vaginal delivery, low body mass index, and being a non-smoker. Needle size, design and the technique used also affect the risk. A diagnostic hallmark of PDPH is a postural headache that worsens with sitting or standing and improves with lying down. Conservative therapies such as bed rest, hydration and caffeine are commonly used as prophylaxis and treatment for this condition. We are presenting a case report of PDPH after pilonidal cystectomy. The patient was a 23 years old male, non-smoker who had spinal puncture with B. Braun Spinocan 25 G Quincke type needle on the L3-4 level. Five minutes later after injecting of 3.5 ml Marcaine (“Astra Zeneca”) there was an acceptable depth of spinal anesthesia where surgery and anesthesia was done without complication. On second day patient was ambulated at home, no headaches. On third day after surgery patient felt severe postural headache. Hydration and caffeine was not helpful. We decided to relieve this pain condition by the sphenopalatine ganglion block with 2% lidocaine application through the transnasal cotton ended catheter. Pain was relieved immediately. Duration of the application was five minutes. Procedure was repeated for 1 h with interval of three times. PDPH was relieved completely. We are concluding that sphenopalatine ganglion block with transnasal 2% lidocaine application is a simple, effective and safe tool for PDPH treatment which



is usable for ambulated patients.

### Biography:

Vakhtang Shoshiashvili is specialized in Anesthesiology and has a quite a few experience of regional anesthesia and pain management. He also contributed in treatment of cancer pain conditions. Since, 2013 he is an expert in anesthesia and intensive care at TSMU and Ministry of Health Care and Social Affairs Republic of Georgia. Currently, he is also an Associate Professor at European University and since 2016 is working as an Anesthesiologist at Research Institute of Clinical Medicine Tbilisi, Georgia..

### Publication of speakers:

1. Oliveira GS, Almeida MD, Benzon HT, McCarthy RJ. Perioperative Single Dose Systemic Dexamethasone for Postoperative Pain A Meta-analysis of Randomized Controlled Trials. *Anaesthesiology*. 2011; 115(3):575-88
2. Waldron NH, Jones CA, Gan TJ, Allen TK, Habib AS. Impact of perioperative dexamethasone on postoperative analgesia and side-effects: systematic review and meta-analysis. *Br J Anaesth*. 2013; 110(2):191-200.