

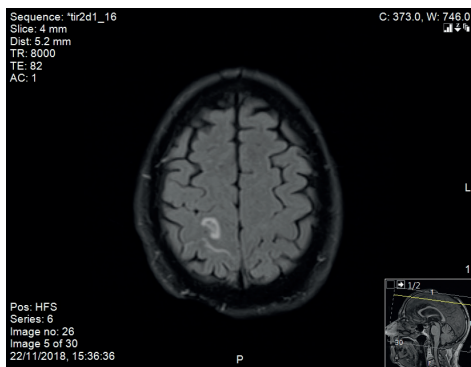
# Unanticipated neurological sequelae during skin biopsy

A 76-year-old man attended the dermatology outpatient department for biopsy of a scalp lesion suspected to be a reoccurrence of a leiomyosarcoma. He had a large skull defect from his previous tumour excision.

Following administration of local anaesthetic the patient developed paraesthesia, jerking and subsequent paralysis of his left arm and leg.

Magnetic resonance imaging of his head showed areas of intraparenchymal and subarachnoid haemorrhage within the right frontal lobe, inferior to his previous surgical site (Figures 1 and 2). The patient's paralysis resolved within 24 hours, allowing him to be discharged the following day.

Neurological complications involving local anaesthetic administration in patients who have previously had a craniectomy have been described by Lee et al (2018) and Okuda et al (2001). This rare complication of a skin biopsy highlights the need for clinicians to be aware of the increased risk of performing procedures involving local anaesthetic in these patients.



**Figure 1.** Axial head magnetic resonance imaging showing an intraparenchymal haematoma within the right frontal lobe and subarachnoid haemorrhage within the adjacent central sulcus.



**Figure 2.** Sagittal head magnetic resonance imaging showing a 9 mm intraparenchymal haematoma within the right frontal lobe inferior to the patient's previous surgical site.

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## How to cite this article:

McParland S, Craig D, Eedy D. Unanticipated neurological sequelae during skin biopsy. *Br J Hosp Med.* 2020. <https://doi.org/10.12968/hmed.2019.0159>