

Postpartum intraventricular pneumocephalus following epidural anaesthesia

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A 39-year-old woman presented with severe headache, palpitation and numbness in the arms 2 days after epidural anaesthesia and vaginal delivery. Sinus tachycardia was revealed by cardiological examination and electrocardiogram. Urgent magnetic resonance imaging revealed air intensities in the frontal and temporal horns of the bilateral lateral ventricle (**Figures 1a–c**). Her condition improved within 2–3 days after oxygen therapy.

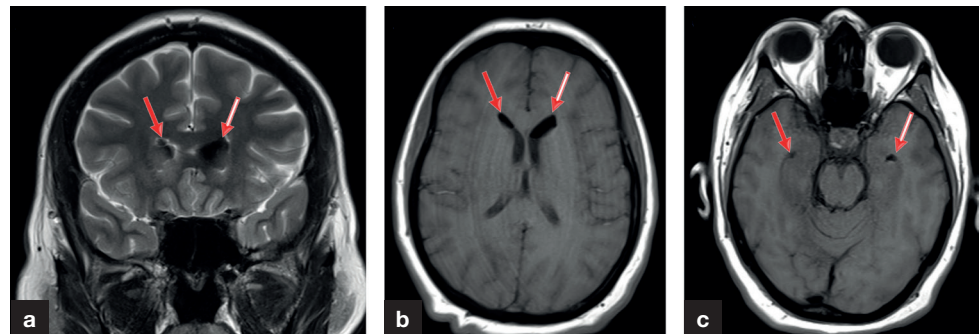


Figure 1. a. Coronal T2-weighted and (b, c) axial T1-weighted magnetic resonance images show air intensities (arrows) in the frontal and temporal horns of the bilateral lateral ventricle.

Epidural anaesthesia is widely used in the management of labour pain. Its complications include hypotension, severe headache, inadequate analgesia, nerve damage, epidural haematoma and infection (Pan et al, 2004). Pneumocephalus has been rarely reported after epidural anaesthesia. This rare complication is possibly a result of the spherical valve mechanism that allows air to enter the space via a CSF leak but does not allow it to exit.

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