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A curious case of delayed cerebrospinal fluid leak in a 17 year old girl

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A 17-year-old girl presented to her local hospital with a sudden onset of severe generalized headaches, nausea and vomiting on waking up one morning. One very characteristic feature of this headache was its increased severity and instantly induced vomiting on standing, but almost completely resolved on lying down. There were no other concerning neurological symptoms. She was otherwise a fit and well young girl who loved sport and was an avid mountain biker. She had sustained a few falls as a result of her sporting activities; the last one about 4 months prior to her presentation. A CT brain done when she initially presented to her local hospital was unremarkable. As her symptoms were very suggestive of intracranial hypotension, a lumbar puncture was performed and this yielded an opening pressure of 4 cm H₂O. She subsequently had an MRI of her whole spine which demonstrated an extensive extradural CSF leak extending almost throughout her whole vertebral column. No evident source of leak was identified including on subsequent CT myelogram. One other finding of note was a crush fracture of the T12 vertebral body. This however appeared to be old. She was transferred to our unit and initially managed conservatively with flat bed rest and analgesia for 48 hours. On mobilizing after that period of time, her symptoms had resolved. She was then discharged. 2 weeks later, she returned to us with a recurrence of her symptoms. This time, she proceeded for an epidural blood patch. 5 ml of autologous blood was injected into the L4/5 epidural space and a further 10 ml into the T12 region. This was followed by 24 hours of flat bed rest. Two days later, she was discharged with complete resolution of symptoms. She was reviewed in our outpatient clinic three months later and has had no recurrence of symptoms. Considerations are the T12 vertebral body fracture was initially picked up four months prior to the patient's first presentation to us; after her last fall when she experienced some mild back pain. At that time, she was informed it looked old. Could there possibly have been a slow ongoing CSF leak leading to an extensive accumulation? This however would not explain the very sudden onset of symptoms the patient experienced on waking up one morning. Epidural blood patch as a treatment for CSF leak, injection of autologous blood into the epidural space, injected blood forms a gelatinous covering over site of leak and success rates reported between 65 to 90%.

Biography

R D Biju is currently working as a Surgeon at Waikato Hospital in New Zealand. He has published numerous research papers and articles in reputed journals and has various other achievements in the related studies. He has extended his valuable service towards the scientific community with his extensive research work.

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