A 25-year-old woman was admitted to the emergency department with orthostatic headache, nausea and dorsal stabbing pain not relieved with decubitus. Two days prior, she had undergone lumbar puncture after consulting for malaise, fever and headache. After admission, the pain progressed to the cervical and lumbar areas, though neurological examinations were normal. A spinal MRI showed an epidural cerebrospinal fluid (CSF) collection, which extended from D1 to S1 vertebral levels, displacing the spinal cord forward and surrounding the thecal sac (figure 1). During the following 48 h, the pain worsened, such that lying prone was the only position the patient tolerated. Analgesia with NSAIDs, opioids, corticoids and caffeine failed to provide relief, so 3 days after admission an epidural blood patch (EBP) was decided on. Twenty cubic centimetres of autologous blood were injected into the epidural space within the L4–L5 level. After the procedure, the back pain subsided immediately, allowing the patient to maintain a sitting position for brief periods of time. She was left with only a mild orthostatic headache; this progressively disappeared over the next few days. A second MRI carried out 24 h later demonstrated complete reabsorption of the CSF collection, with normal CSF flow artefacts in the subarachnoid space (white arrows) (A). A diffuse smooth thickening of the dura can be seen in the lumbosacral cuts, representing the blood patch in the epidural space (open arrows) (B). Axial detail at the same level as figure 1 shows the disappearance of the hypointense dura surrounding the spinal cord and CSF flow artefacts (white arrow) (C).
Learning points

▸ Epidural cerebrospinal fluid (CSF) hygromas are mostly seen in children and neonates, but can also occur in adults, where they might be underdiagnosed. When these collections become clinically expressive, they usually present with severe pain, and only rarely with neurological signs on physical examination.1 2

▸ Although traumatic lumbar puncture has been recognised as a risk factor for developing a dural tear, evidence to date does not clearly establish a correlation between this and an epidural CSF collection, and data identifying patients at risk are scarce, so physicians should be aware of the warning signs. Severe and progressing back pain extending beyond the puncture point and not related to position, or new neurological symptoms after lumbar puncture, should prompt spinal MRI.3

▸ As these collections spontaneously regress in a few days in most cases, conservative management is usually recommended. Nevertheless, in patients suffering from severe and persistent pain, an epidural blood patch implant is a valuable resource because of its rapid effectiveness. Symptoms after the procedure may include back and radicular pain, but otherwise it is a relatively safe procedure.3

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