

Wet Tap, Worse Outcomes: Complications Following Post-Dural Puncture Headache

Guglielminotti et al studied over 1 million parturients who received neuraxial anesthesia and identified PDPH complication rates.¹



**4,808 (0.48%)
developed PDPH,
of these...**

Central venous thrombosis or subdural hematoma occurred more frequently (OR 19.0, 95% CI 11.2 - 32.1, $p < 0.001$)

**OR
19.0**

OR 4.6
Low back pain 95% CI 3.3 - 6.3

Headache 95% CI 6.5 - 9.0

**OR
7.7**

Bacterial meningitis 95% CI 13.6 - 115.5

Depression 95% CI 1.4 - 2.6

OR 1.9

**OR
39.8**

Early recognition and treatment of PDPH is critical given the increased risk of complications.

When providing analgesia for childbirth, neuraxial anesthesia can be a safe and extremely effective approach. One of the complications of neuraxial anesthesia is inadvertent dural puncture, which can be further complicated by the development of postdural puncture headaches. While this complication can be effectively treated, the additional sequelae of this complication have not been well explored. In this infographic, we review a study that describes some of the major neurological and other complications that can occur after postdural puncture headaches and the odds of developing these complications compared with patients who have not had a postdural puncture headache.

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The authors declare no conflicts of interest.

REFERENCES

1. Guglielminotti J, Landau R, Li G. Major neurologic complications associated with postdural puncture headache in obstetrics: a retrospective cohort study. *Anesth Analg.* 2019;129:1328-1336.