A Rare Catastrophic Complication Of Spinal Anesthesia. A Case Report

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Aim:

Report of a rare complication of spinal anaesthesia.

Methods:

A 38 years old lady with underlying endometrioid carcinoma underwent spinal anaesthesia for total abdominal hysterectomy, bilateral salpingo-oophorectomy and bilateral pelvic lymph node dissection. The surgery was uneventful and no intraoperative analgesics or other drugs were required. Immediate post-operatively, patient complained of severe burning pain in bilateral lower limbs and paraparesis. MRI spine showed diffused enhancement of the dural lining with clumping and thickening of the nerve roots, which were adhered to the anterior thecal sac at the level of L2/3. 2 weeks later, the patient complained of headache and nausea with blurring of vision. CT brain showed acute communicating hydrocephalus.

Results:

Emergency right ventriculo-peritoneal shunt insertion was carried out. Thereafter, her increased intracranial pressure symptoms resolved. The patient continued to experience paraesthesia and paraparesis in her lower extremities, urinary retention that required continuous bladder drainage, and constipation that required regular enema. Her lower limb motor function did not show significant recovery even after months of rehabilitation. She was wheel-chair bound and required assistance in her activity of daily living. At one year follow up, her condition remained the same. She was alert and wheel-chair bound.

Conclusion:

Progressive ascending weakness and sensory loss in the setting of spinal anaesthesia procedures should alert clinicians to the possibility of spinal adhesive arachnoiditis. Practitioners of spinal or epidural anaesthesia are encouraged to discuss this hugely disabling but, fortunately, rare complication as part of obtaining informed consent. Practitioners must try to avoid contamination of the injectate, including removing any source of chlorhexidine or alcohol and avoid dripping, splashing, passing impregnated swabs or disinfectant containers across the sterile field.