

## An unusual presentation of subdural catheter placement in labour epidural

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### **Introduction:**

Subdural catheter placement is a recognised, but uncommon complication of epidural insertion. We present a case of an unusual presentation of subdural catheter insertion.

### **Case Report:**

A 39 Year old lady requested an epidural during early labour following induction of labour at 39 weeks.. The patient's BP fell over the next 10 minutes to 95/55, and foetal bradycardia was noted. Despite fluid resuscitation the bradycardia persisted and so the patient was moved to theatre for an Emergency Caesarean section. It was sited easily and a test dose followed by a loading dose was administered. She then developed a foetal Bradycardia, and so was taken for Caesarean section. A top up of 15mls of 2% Lignocaine was given. The patient developed a rapid block, and difficulty breathing, but with stable vital signs. A healthy baby was delivered. The GCS dropped, but with normal vital signs, and she developed dilated unreactive pupils with the left initially being larger than right, which became dilated when left tilt was removed. A GA was performed, and a CT head performed which was normal. The epidural was removed, and the patient recovered to normal function within 24 hours.

### **Discussion:**

Subdural catheter placement is a recognised complication of Epidural insertion, with a wide range of presenting signs and symptoms. Pupil dilatation is not normally an associated sign, and may reflect some Intrathecal spread.