

A Case of Blood Patch for Headaches

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Introduction

Spontaneous intracranial hypotension (SIH) is a rare cause of headaches classically associated with exacerbation due to postural changes. We present a case of a young male who was initially misdiagnosed as having Meniere's disease but found to have SIH with a positive response to therapy with a blood patch.

Case Presentation

- ❖ 41-year-old male with no medical history presented with 2-3 weeks of dizziness and headaches. Associated with brain fog, "feeling intoxicated" upon standing, blurred vision, balance instability, tinnitus and diminished hearing.
- ❖ Exacerbated by turning his head and standing up.
- ❖ Vitals: BP 155/86, HR 86, RR 16, Afebrile, and SpO2 99%.
- ❖ Physical exam with nystagmus and diminished hearing.
- ❖ Meclizine initiated for concern of Meniere's disease without improvement.
- ❖ Magnetic resonance imaging (MRI) of the brain revealed diffuse pachymeningitis. MRI complete spine showed intracranial hypotension.
- ❖ He underwent a blood patch procedure with dramatic improvement in all symptoms the following day. He was discharged home in stable condition.

Discussion

SIH has an incidence of 5 in 100,000 and typically presents with a headache worsening with upright posture along with other neurologic complaints such as nausea, vertigo or tinnitus.

It is believed to be related to a tear or hole in the dura allowing for leakage of CSF.

Imaging with MRI can show diffuse meningeal enhancement.

Mild cases may respond to bedrest, fluids, and caffeine intake while more severe cases respond well to blood patch procedures involving injection of the patient's blood into the epidural space to close the defect.

Teaching Point

The purpose of our case is to bring awareness to a case of headaches, hearing loss, vertigo, and other neurologic complaints which could be mislabeled as Meniere's disease or benign paroxysmal positional vertigo. A unique feature of SIH is a headache which worsens upon standing.

Contact

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