

I have discussed this problem in detail elsewhere, but it is important to note in an article such as this, the mechanical adverse effects which can arise in intraspinal procedures.

Acutely, this has to do with dural puncture and subsequent post dural puncture headache (PDPH) which is generally treated by the application of an epidural blood patch (EBP). Duffy and Crosby (1) reviewed the EBP and found that it fails to provide symptomatic relief in 25-30% of PDPH.

Whilst epidural crystalloid preparations appear less effective than blood, an isolated report suggested that Dextran 40 might be useful; the authors of the review, however, express concern as to safety considerations.

This seems to overlook the effect of blood in the subarachnoid space: it is highly irritant and capable of triggering inflammation that may lead to arachnoiditis.

Although prophylactic measures are being investigated, EBP will no doubt continue to be used in patients who suffer inadvertent dural puncture in a variety of epidural procedures.

This of course, contributes further to the risk of arachnoiditis.

[1] Duffy PJ Crosby ET *Canadian Journal of Anaesthesia* 1999; 46(9): 878-886 The epidural blood patch. Resolving the controversies.